

Forty-Day Focus

In the early days of twelve-step programs, the idea of “ninety and ninety” emerged. The concept was that to stimulate the recovery process a person would go to ninety meetings in ninety days. People found over time that the daily focus could often make all the difference in sobriety.

With the advent of modern residential and intensive outpatient programs, we have added new resources and structure to the process. Also, there is a growing realization that most addicts probably have more than one addiction. Further we are learning new information about the brain which further

alters our understandings. Yet, the principles of a structured, intense time period where there is a real focus on recovery activities stands as a tried and true strategy.

While the recovery process is literally a three- to five-year journey, the very foundations are laid early.

With sex addiction it has been hard to establish norms. In part, that is because of the rapid improvement in therapy and treatment available. What was true fifteen years ago has been altered as we have become better at helping people with their addictive cycles.

This start-up kit really helps to structure the early work for sex addiction recovery over the first eighteen weeks. While the recovery process is literally a three- to five-year journey, the very foundations are laid early. Without those foundations, recovery can be a roller coaster-like experience, with three steps forward and two steps back, because the fundamentals were not accomplished. *Facing the Shadow* is a map to those fundamentals. This package is designed to support establishing this foundation in a sound way.

The forty-day focus becomes the platform upon which all this is based. Part One of this program creates an intensive structure to focus on recovery for your sex addiction over a forty-day period. Sex addicts often can go eight to ten days with no problem. Going thirty seems to be the next threshold to staying sober. If they pass forty, relapse probability starts to diminish significantly. Most addicts are then ready to do the deeper work of long-term recovery.

You will use three key strategies for the first forty days while you are working on the seven beginning tasks of recovery. The first is a series of forty meditations which are designed to support those early tasks. Each day, you will read a meditation and record a reaction. It does not matter which day you start with. So if your group or program is focusing on one meditation that day, you can pick up where they are and still complete the series. It is important that you date each entry as you make them.

The second strategy is what we have termed “core dialogues”. This process structures an internal dialogue between you and your addict. This practice helps you access how your addiction developed its power. It is based on a series of questions or “queries” utilized to think about your own life experience. We call these core dialogue queries, or “CDQs”. Part of the goal is to introduce introspective practice to your recovery life. Plus, this format will teach you basic principles we will use extensively in the next part of this series, called *The Recovery Zone*. Thus, the CDQs will be valuable in your later recovery as well. You will notice that your morning meditation reactions and your CDQs will mutually support your therapy.

Finally, we ask that you chart your progress each day. First, you mark off each day of consecutive sobriety with the goal of achieving forty days free of problematic sexual behavior. In addition, you record that you have completed both a CDQ and a meditation that day.

We ask that you monitor the following withdrawal dimensions, which will help measure your transition into sobriety and are added up to compute a withdrawal score for the day:

Addictive Urges – a measure of your preoccupation

Irritability – a measure of feelings of frustration, anger, or rage

Anxiety – a measure of feelings of fear and worry

Sleep Disturbance – a measure of inability to rest

Defensiveness – a measure of your own resistance to feedback

We ask that you also monitor the following recovery dimensions and compute a recovery score for the day:

Peer Support – a measure of how close you feel to peers

Staff Connection – a measure of how supported you feel by staff

Self Care – a measure of your efforts to do good things for yourself

Honesty – a measure of how honest you are being with others

Program Practice – a measure of your using program tools and principles

By tracking the ratings each day you will start to see interesting relationships between your urges and the other dimension(s). Also, marking off each day is an affirmation of your progress and effort. Please follow the instructions on your daily progress chart. Bookmarkers have been supplied to help you keep track of where you are in the meditations and CDQs.

The question remains as to what happens if there is a slip or relapse during the forty days. You simply start the forty days over again. The meditations and the core dialogues are designed to be re-used and your therapist can supply a new progress chart. We have learned that it is helpful to revisit meditations and CDQs you have already responded to. Thus you can react with the perspective of your relapse which helps deepen the commitment to the process.

Some residential facilities require completing the forty days twice. The first forty days are done as inpatients and the second forty when the patients are actually living again in their home situation. The logic is twofold. Usually those in a residential context have more issues and greater severity to their addiction. Thus, making the extra effort of repeating the forty-day focus makes sense because that foundation simply has to be there in order to succeed. Also, this work by comparison might be easier in an environment in which there is safety and structure. To accomplish the same goals as an outpatient for many is tougher, so it is suggested to use the system twice to assist in the transition from residential to outpatient. As in all stages of early recovery, let your therapist be your guide as to what is best for you.

In the case of a relapse after significant sobriety, therapists may require another round of forty focus days. The purpose here is to go back and reestablish the recovery “platform” upon which your recovery efforts are based. These decisions are often highly individualized and we suggest that doing a second forty would best be decided with the support of your therapist and your support group.

The Hijacked Brain

You probably noticed that you are a creature of habit. An exercise that illustrates the principle is to disrupt your routine behaviors. Notice the order that you put your clothes on, tie your shoes, or brush your teeth. People who write about the health of the brain encourage us to change the order as a way to get the brain to develop and grow. So brushing your teeth with your left hand if you are right handed feels awkward. And it requires concentration. Yet, you also notice that in some ways, as awkward as it is, there are some improvements. Also by having to focus on what you are doing you do a better job and you stimulate your brain to expand its options.

The brain creates patterns or templates to help us function smoothly each day. Thus we do not think of which leg to put into our pants first. It is likely preprogrammed so we can be thinking about our day. Your brain makes over three billion decisions a second, most of which are unconscious, and all goes smoothly unless there is a problem. Consider a situation you probably have experienced. You are driving down the freeway and you are speeding because you are late for an appointment. As you pass the exit to your house you automatically make the turn off the freeway as if you were going home. You become furious with yourself because this now makes you even later. You must now wait for a light, cross the road, and re-enter traffic. You start being critical of yourself, because you added another five minutes to your being late.

All of us have had those moments. Notice that the key problem is that you were headed one place, and you ended up in another. Notice also that you were under stress. What happened is your brain – which is always trying to support you, especially in times of stress – takes action to help you. But it is not helpful. This automatic pilot quality of the brain is what addicts

experience all the time. Think of your compulsive behavior and relationships, and notice how often you intended to do one thing and ended up doing another. You may have even been focused on making sure that you did not make a bad thing worse – just like the driver being late to the meeting. And, yet, you still went off course even when you were trying.

Addiction is a brain disease in which you have compulsive behavior. Scientists use the term, “the hijacked brain,” to describe the addictive reality. In order to recalibrate and reprogram the brain, you have to focus. You are adjusting significantly your “automatic pilot” – a new habituation. While you are making these changes, you need to optimize your functioning. People who make great achievements tap into the same mental processes that addicts do. In other words, the achievement of excellence and the process of addiction share common processes. This is why so many brilliant and creative people have had trouble with addictions. We need to harness the brain’s desire to be efficient. Your brain wants to be at its best for you. We need to help that process.

Addiction starts with a hijacked brain. Only, in addiction, the brain has damage and has been altered so that the addict invariably repeats bad choices. Perhaps you have seen a tree that has grown up shaded by larger trees. As a result it has grown in some grotesque ways in order to get some share of the sun. Similarly, the addict’s dendrites (branches of your brain’s neurons) grow differently. Whether it be methamphetamines, video poker, or cybersex, each binge alters the biology of the brain. The pulse of pleasure becomes a way for the brain to balance itself. Hunger becomes a deep craving that grows – like the shaded tree requiring more sun in its distorted reach for the sky. It

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becomes part of the brain's automatic pilot.

Parallel to all addictions, sex addiction appears to involve disconnecting from the judgment and "common sense" (frontal lobes) part of the brain. It is biologically driven versus "will" driven. Addicts want and know which way they wish to go, but end up going this other way. Outsiders see it as a moral issue, but addicts have long known that there was something different about them. Even the Big Book of Alcoholics Anonymous spoke of "some of us crying for sex, never seeming to have enough." For sex addicts, early research shows that the anterior singulate (the part of the brain that multitasks and shifts gears) will get locked into craving more novelty, intensity, danger, and risk in order to get the same result.

We call this tolerance, which basically means the automatic pilot quickly makes the routine not enough. While much more research needs to be done, it is very clear that the deep mid-brain is also involved in our sexual wiring. Early sexual, physical, and emotional trauma, for example, can fundamentally alter our sexual responses – and our responses to stress, in general. Some recent preliminary research indicates that of all stimuli, including violence, the brain codes erotic scenes 20-percent faster. Sex addicts tap into one of the most-easily accessed and potent parts of our neurocircuitry. So when courtship goes awry in the brain, one experiences this as the loss of choice, which becomes problematic.

Recovery demands living "in consultation," because living in isolation did not work.

Part of recovery, in general, will be to learn about how your brain works and how addiction is now a biological problem. This series is designed to help you to start changing how your brain responds sexual queues. The process takes approximately three to five years, when cravings cease to be a day-to-day problem. It takes a while to grow your brain into new patterns. We have

to start by understanding that what your brain perceives as real might not be reality at all. This requires a shift in "paradigm," or how you see the world personally and sexually.

The good news is that it can be changed. And the rewards for changing are rich. Most recovering people ultimately regard their addiction as a gift. Recovery bestows a depth most humans never acquire. The process teaches skills, provides wisdom, and wonderful experiences that powerfully make life better. When you are in the midst of wreckage because of problem behavior, this concept is tough to grasp. Many have gone before you and know that this is true. While hard to believe, it is important that you understand that the reprogramming part, while difficult, is achievable and worthwhile.

The bad news is that starting is difficult because addicts battle their own bodies. Beginning recovery requires deep attention and the *Recovery Start* program is designed to help you with that. Progress starts with establishing sobriety. Like a stroke victim, an addict has to "re-grow" parts of his brain. The first steps are agony. Some people can do this on an outpatient basis. Others need the structure and support of an inpatient setting. *Recovery Start* works in both. The first 130 days are critical to being able to do the deep, long-term reprogramming necessary. After completion of the 130 days, the program that follows this, called the *Recovery Zone*, will guide you through the deeper work – which cannot do well if you are still "in the problem".

The principles of *Recovery Start* rely on what we have learned about engaging the brain in those first agonizing steps. First, we have to fundamentally involve the "common sense," or executive function, of the brain. Each exercise or process is designed to help your brain focus. So please do each assignment and process as directed. Some activities, for example, require copying over work to consolidate or add to the process. This "re-recording" may seem like busy work, but actually is of great importance. Research shows that the physical process of handwriting (as opposed to typing) engages the brain, creating a refining process very similar to adjusting the focus of a microscope or camera. The actual physi-

cal act enhances change. Plus, there is an important consolidation process that affects learning and memory. *Recovery Start* was carefully designed to impact your change on a daily and weekly basis over the 130 days. The recipe of focusing on various aspects of your behavior and the early “tasks” of recovery will work, but only if you follow the recipe.

Another example is that *Recovery Start* – as well as recovery, in general – relies on sharing your work with others. Explaining what you have learned and receiving feedback stimulates the neurons. Your brain has to shift gears, which deepens new learning. Equally important to significant brain change is the process of bonding to those you share with. Few things impact change in the brain more than attachment. And for many addicts, this is where some of their deepest wounding has occurred. So when an assignment asks for you to share your work with others, it is very important to follow the recipe. Recovery demands living “in consultation,” because living in isolation did not work. The deficits from living a life in isolation need to be reclaimed in order for the brain to incorporate new learning at a profound level. Your brain will become healthier. Much of recovery is learning how to care for this important organ.

Therapy is a critical part of this interaction process. Your therapy relationship will be different from other relationships. Your therapist has been trained to work with the gear-shifting parts of the brain that maximize stimulation. Also, a well-trained therapist teaches specific strategies to help your brain manage better. Your brain will actually become more functional over time as a result. In some ways, it is like having a good piano teacher. By reading a book, you may learn to read the notes and play the keys, but never really capture the melody. The good teacher brings out the melody and assists until it is effortless (unconscious competence). All of this brings us to our very strong suggestion that you complete this program with a trained therapist.

Much of mental health work requires great focus to achieve what is called the “examined life.” Some of the best technology that addicts can access in the therapy process involves a greater efficiency to access those parts of us often beyond the scope of our awareness.

For example, EMDR (eye movement desensitization and reprocessing) is a series of strategies which help the hemispheres of the brain communicate better. The most immediate benefit is feelings needing to be acknowledged start to be available. Often these feelings are “locked” in one hemisphere and unavailable to another. EMDR helps in that process. In addition, much that is unconscious in patients starts to emerge into awareness because of EMDR.

Your therapist may ask you to do EMDR or similar technologies to help in this early-stage process. Similarly the exercises and activities in the first seven tasks of recovery are designed to aid in reprogramming and to optimize self-discovery. The goal of the forty-day focus is to maximize your chances of successful recovery.

Be aware that every time you act out, there is a surge of pleasure which encourages the neural network of dendrites and synapses of your brain. When that occurs it activates a complex set of beliefs, scripts, and scenarios echoing dysfunctional experiences all the way back to childhood. In effect it is confirming old ways of coping, or what we therapists call maladaptive responses to stress. All this is typically beyond your personal awareness. For most of us our internal systems call us into the old dances from our childhood. The forty-day focus is to help accelerate our awareness so we can make those changes.

Facing what professionals call the “hijacked brain” is a difficult and painful process.

Most addicts are not even aware of some of the programming that brought them to the point where they are so powerless. It is somewhat like attempting to turn a large ocean-going tanker ship. Turning such a vessel usually takes quite a distance to accomplish. Because of the seriousness of the problem it is comparable to turning the tanker around in the space of “its own length.” Nautically it is

extremely difficult to do. Personally, it is abrupt, difficult, and challenging. Yet, in humans in a very short space of time, miracles happen all the time. However, the only way to accomplish it is to focus. You have to concentrate all your thoughts upon this work. It is like the sun's rays which do not burn until they are focused. The meditations and core dialogues are to help you achieve the focus on the tasks necessary to start your recovery.

The numbered task sheets for you to check off as you progress through this kit. Be mindful not to rush through the tasks. This is not a race to see how quickly you can finish. The tasks are merely aids to help you through your recovery. Notice that on each sheet, a space is provided for you to record and summarize learning from each task. Remember, it is in reflecting and recording that insight grows and the brain changes. As you proceed through this whole series, return to the task sheets as you track your progress.

Meditations

Each day, focus on one meditation in the early part of your day. In some programs one of these meditations will be read aloud in the morning so the entire group can reflect on it. Then find a few minutes to record ideas, thoughts, examples, or reactions you have had to the meditation. Most recovering people find that in early recovery, reading helps to reclaim a sense of well being that may have been lost during the night. Also, the meditation process puts you in touch with the more important issues of life and that helps you maintain perspective as the day goes on. Finally, an early-morning meditation may be exactly what you need to hear that day.

These meditations were designed for the earliest days of recovery. The seven primary tasks are reflected in each meditation. Use the meditations and the essential principles in them to help with what is being asked of you to do in your recovery work each day. From your first hearing or reading, let the meditations help you think and react to the challenges of recovery that day.

Remember, you can start the meditations in any order. Also, do not forget to date all your entries. If you ever have to revisit this work, you will be glad you did. After you have read the meditation, take a moment to reflect on what this particular writing means for you and your life at this point, and write your thoughts in the space provided.

At the conclusion of each meditation, there are a series of questions or statements that will raise questions. These are called queries. Space has been provided for you to write your reactions to the queries. While private, they will shape your awareness throughout the day.

At night when you do your dialogue queries, you will discover the questions of the morning blending with the dialogues with your addict in the evening.

Denying Our Own Experience

dayONE

“Truth is truth to the end of reckoning.” – William Shakespeare

After we act out, we usually say it was not worth it. It was either a disappointment, a catastrophe, or a near disaster. Even when acting out is at its “best” – we are filled with visions of what will happen if we are discovered. Or we obsess with self-judgment and self-loathing. We calculate our losses in terms of time, money, and opportunity. We shudder at the risks we took. We live in fear of discovery, consequences, or even arrest. Never do we say that it was worth every risk, cost, or consequence.

Yet, the promises of our fantasies always work. When lost in our obsession, our reasons for being sexual seem sound. We believe that somehow it will be different this time. We convince ourselves that the risks are minimal, inconsequential. Sometimes, the behavior differs so we expect something different, yet the result is the same. Or

we change our ways to make it less risky or shameful, to no avail. Sometimes it is the same person with whom it has never worked, yet we are lost when that individual walks in the room. Often times, even as we start, we ask, “Why I am doing this?” Could I stop in some way? When we are involved and realize that once again it is no different, we look for escape. We vow, “Never again.”

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What sense can we make of the reality that we consistently act against our own interests? That is when we really understand the true insanity of our illness. Insanity starts with delusion and loss of reality. This is not a problem of misreading a situation or making mistakes in judgment. Nor is it a matter of growing up. We can no longer tell ourselves that what we have done was unique or situational. We distort what is real to seek behaviors or relationships which destroy us. Every effort to change has failed. We are truly powerless.

Healing starts the moment we understand this ultimate reality. So many solutions are available. The poverty of our obsession’s promises becomes clear. The truth makes us less seducible and wary of that which would hurt us. Making promises to ourselves did not work. Telling the truth does. Ironically, accepting our illness becomes the very doorway to finding and keeping what we wanted all along.

My reactions to today’s queries:

Date _____

Carrying the Burden

dayTWO

"The significant problems we face cannot be resolved at the same level of thinking we were at when we created them." - Albert Einstein

There is an old recovery story about a man desperately trying to get out of a jungle. Searching for an escape, he came to a raging river with apparently no way to get across. So he built a sturdy raft out of wood and vines, which was all that was available. He launched the makeshift craft into the white water and managed to push himself to the other side. While he recovered his strength, he thought about the effort he put into the raft. He decided he needed to bring it with him. He told himself that there might be other streams, but maybe no materials to build a new raft. Consequently he pulled the heavy raft through the jungle, which slowed him down considerably. It was a great deal of effort but he was convinced he had to do it. He then met a traveler who observed that if he had

let go of the raft, he probably would be out of the jungle, because there are always other solutions at each crossing.

Addictions are a way to cope with stress. We become invested in it as a solution and we close off other better options.

The point of the story is that addiction is like the makeshift raft. Our sexual behavior was something we used to get through difficult times. And it worked to some degree. But to drag it to each stressful event consumes our time and resources.

At one point we may have even needed the behavior

to deal with stress and challenge. But it has not been a functional way to live our lives.

Addictions are a way to cope with stress. We become invested in it as a solution and we close off other better options. Plus, we now have a burden. The challenge is to be able to face the white-water and come up with new successful ways to cope. Ask yourself how your addiction has been a way to manage anxiety. Has it been worth the burden?

My reactions to today's queries:

Date _____

There Are No Secrets

dayTHREE

“The ocean is made up of drops.” – Mother Theresa

As addicts, we believed in secrecy. We told ourselves that no one would know. And if they did, we could improvise a way out of it. We imagined some story or recasting to make things acceptable or at least less of a problem. We may have even rehearsed conversations in our mind that if something did emerge how we would handle it. We practiced the explanations we would give if discovered. We reviewed the tactics we used to cover up to assure ourselves we had thought through it all. We may even have had some pride in our cleverness. All were part of a strategy of secrecy. In our more lucid moments we might have thought about what would happen if everyone could see all of it at once. But that meant we would admit to ourselves that our lives were a house of cards we had built. Worse, our fantasies of people's reactions deepened our resolve to maintain our silence and deceptions. Thus, the story we told ourselves stayed intact.

All recovering people learn that there are no secrets. That is especially true if our behavior involves partners or records of any type. If somebody knows, somebody knows – and that means the truth will eventually get out. And despite our best efforts to stay below the radar, there are a number of people who knew things were not right. They saw the image projected, but somehow our true selves remained obscure to them. Our image management skills led to their distrust. And then there was the problem of unmanageability unmasking us. We saw how clearly our deceptions, explanations, and omissions failed. Chaos could simply lay bare for everyone to see our emotional bankruptcy. In recovery, we learn that transparency (the willingness to be known) reduces anxiety and releases our talents.

Most important is the understanding that emerges about secrecy in recovery. Secrecy is corrosive to the true self. We never come to terms with that which we tried to escape – our feelings, our dark thoughts, our anxieties, and our stressors. It is in the face of these, that our true self emerges. These challenges are not the enemy we thought. They become the refining process by which we know what we truly are about. In secrecy, the true self remains cloaked and we flee from those challenges which help us to most live our lives. Reflect today on what the costs of secrecy have been for you. What has your trust of secrecy done to your life?

My reactions to today's queries:

Date _____

Managing Unmanageability

dayFOUR

“Hope is a waking dream.” – Aristotle

Most of us are familiar with computers and the concept of RAM memory (Random Access Memory). RAM is that part of the computer which processes the tasks we actually are doing. There is a limit to how much that memory can handle. So when we load up on tasks, the computer starts to slow down in its responses. Too much overload and the computer starts to have glitches, cycle in unusual ways, and can even crash. By reducing the workload, the computer starts to return to its original efficiency and to assume the performance of its original design.

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Humans are systemic in the same way. We have an emotional bandwidth which allows us to process our internal lives. At its most efficient, we discover our true selves. Addiction overloads our ability to process. First, in a world of lies and secret agreements, there is all that we have to remember about what we have done – who we said what to, cover-ups we have done, and current intrigues.

Addictive obsession becomes our focus, draining energy from the other life we lead. Multiple relationships, hours online, or hiding stashes absorbed space on our emotional processors. Cruising, grooming, or seductive behaviors took extraordinary planning and attention to detail.

Then there are the big ones to manage. First, is keeping the lid on the secrets and the anxiety of discovery. Second there are the feelings of guilt and shame to manage. Knowing you are betraying others requires a certain level of mental gymnastics to keep the conscience at bay. Finally, you have to live with the distress of not living up to your values or the story you tell about yourself. We became less productive and started to cycle in dysfunctional ways. We started to do things we typically would not. Our system was overloaded. Recovery really helps us to discard that which was taking up our emotional bandwidth so we could focus on our true selves. In what ways did addiction take up vital space in your internal life? What do you have to discard to be present to your true self?

My reactions to today's queries:

Date _____

The Cosmic Lover

dayFIVE

"Our greatest glory is not in never failing, but in rising up every time we fail!" – Ralph Waldo Emerson

Addiction thrives by living in possibility. We search in the mistaken belief that somewhere there is the perfect lover, the perfect body, and the person who would understand us completely. Thus, in our relationships we still scout for the upgrade, the better partner. In pornography, we search for the better stimulation. In prostitution, we hope for the best fix. In short, sex and love is better somewhere else. In its most pristine form this myth materializes in the cosmic lover who in a matter of seconds is recognized as the person who will transform your life. Everything lines up – all the things you were looking for. (The truth is that in the sizzle of the romantic moment much is overlooked.) The ultimate reality is that the search for the better robs you of the present. Addicts do not get to enjoy what they have.

**Living in the sexual future
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The problem is being "present." One can imagine being intimate with many lovers, but being present means all the challenges involved in being with one lover. It takes much to appreciate the depth of the human bond and the sexual connection that goes with it. Addicts live in fantasy and promise, because it is so easy and has an immediate reward. Living in the sexual future is always empty. It only creates an itch impossible to scratch.

The challenge remains for us of living with the present. Our addictive thinking says to us, "How boring." Not true. It does mean swapping out the excitement and risk of the unknown for the risk and the greater challenge of being known. To use religious terms, this being present is not "cheap grace." It takes work, courage, and honesty. Yet, the results are pleasures that satisfy, bonds that endure, and depth as a person.

Today we reflect on how much of our addiction was searching for someone or something else. How much of our attention was on the future and potential activities? What have we missed in our lives as a result? By living in the future, how have we missed being ourselves?

My reactions to today's queries:

Date _____

Ignoring Our Minds

daySIX

"The first rule is to keep an untroubled spirit. The second is to look things in the face and know them for what they are." – Marcus Aurelius

The movie, *A Beautiful Mind*, tells the story of the famous physicist, John Forbes Nash. It is the story of a brilliant scientist who suffers from schizophrenia. He gets caught up in a fantasy that he is a secret spy helping the government break secret codes used during the Cold War. He starts to live as if his fantasy is real. The result is very strange behavior which becomes progressively more detached from reality. The movie captures how seductive the fantasies are, compelling him to return to his old behavior.

Our hijacked brains send us error signals that our behavior would bring us joy, relief, and pleasure.

Through the love of his wife and treatment he accepts that his brain is sending him error signals not based on reality. He then returns to a productive life.

At the end of the movie, he receives the Noble Prize for his scientific achievements. In his acceptance speech, he declares his love for his wife, who

walked through this nightmare with him. Clearly, he needed her reality. Her faith in him and love for him provided the motivation to get better. After his testimony to his love for her, he then told the audience that the only reason he was able to stand there was because he learned the skill of ignoring his mind.

How much like this we are. Our hijacked brains send us error signals that our behavior would bring us joy, relief, and pleasure. We always believed signals because they were compelling. But we learned the lie. Our fantasies and promises never worked out. We progressively became detached from reality. But there were people important enough for us to return to reality. This meant the hard work of decoding our brain signals and understanding that they were error messages. Most often they were about our pain, stress, and woundedness – not about sex or love.

Reflect today on the error messages your wiring sends in your brain. Which ones have proved to be untrustworthy and destructive. Be specific about those signals. Which ones are the most compelling? Why do you think they are so compelling? How can you learn to "ignore" your mind?

My reactions to today's queries:

Date _____

Chaos and the Law of Absolutes

daySEVEN

“Above all, challenge yourself. You may well surprise yourself at what strengths you have, what you can accomplish.” – Cecile M. Springer

In the ancient, mystical Jewish tradition of the Kabbalah, a theme emerges in which chaos is what God left humans with as a refining process that helps us become better people. In all of our lives there are difficulties, but like the Samurai warrior, or the Buddhist monk, adversity must be faced as a way to transform our lives. Bad things happen. We have losses and disease, accidents and betrayals. In short, chaos occurs. It is how we respond to negative experiences that are key. Do we learn and grow? Do we ask what the lessons are? In recovery, we say “nothing is wasted,” which means that everything serves us to bring us to a new level. The word for “chaos” was “Satan” in the ancient Kabbalah texts. All religious traditions refer to the transformation that suffering brings.

One learning is that there is a “law of absolutes”. If you drive your car on fumes you will eventually run out of gas. If you mail a check with the assumption that a deposit will arrive before the check clears, you open yourself to chaos. If you put excess calories in your body, you will gain weight, and open yourself to chaos. Life presents enough chaos without us opening ourselves to more.

In our addiction, we opened ourselves to chaos. We ran the risk of arrest, of being discovered, of having accidents, of contracting various diseases, and of having children we were not prepared for. Our first steps are filled with stories of how we jeopardized all that was most important to us. We opened ourselves up to chaos, and chaos came. In fact, we used addiction as a way to create momentary order with the illusion that somehow we were in charge. Only, we added more to the wreckage.

In recovery we learn to use the inevitable chaos to get better. We also commit to not open ourselves to further chaos. We avoid situations which make us vulnerable to addiction. We start learning our limits and creating margins and skills for the inevitable stressors. We need all our attention on the challenges that are coming. Today we reflect on how we as addicts ignored the law of absolutes and put ourselves at risk. What can we learn from our history of placing ourselves at risk? Think about your life going forward. What would bring further chaos? How can I avoid unnecessary risk?

My reactions to today's queries:

Date _____

The Relationship with Self

dayEIGHT

“You cannot liberate me, I can only liberate myself.” – Tenzin Gyatso

Henri Nouwen, the famous theologian, wrote about the “conversion of loneliness into solitude.” He was referring to the task all of us face in being comfortable being alone. Having periods of solitude allow us to hear our true voice, that part of ourselves which knows what we really are about and what we need to do. So many times we have been about to do something and our internal voice says “don’t do this, it will be bad.” Yet, we did it anyway. We end up saying, “I wish I would have listened to myself!” Almost always, when we fail to listen to our true voices, we create more problems for ourselves.

Nouwen further suggests that when we do not listen to ourselves we develop a deep seated distrust of ourselves. After all we have failed to help ourselves at a critical moment. We agreed to things, did things, and supported things that really did not ring true from the outset. Because we did not trust ourselves, we did not trust others. If we do not trust ourselves or others we will find it difficult to trust a Higher Power. Spirituality evolves in the exact opposite way. In solitude, we discern what is right for us. When we do what does fit, we start to trust ourselves. Then we understand that integrity is possible and we begin to trust others. Finally, we begin to see being true to ourselves works in an interdependent universe and our Higher Power becomes more available.

As addicts, we did not do well with solitude even in our isolation. We sought to distract ourselves in so many ways. In our turmoil, our true voice was lost. Our own innate talent for discernment we discarded. Thus, at those moments when we most needed to stick up for ourselves, we were easily swayed, seduced, and deterred from what was best.

Today we reflect how we abused our solitude and failed to be with ourselves. We ask about those moments when we had a voice who warned us and how we chose to ignore it. What consequences have we paid when we knew what had to be done but did not do it? How does our addiction rob us of the opportunity to learn the power of our own discernment? How do we know the difference between restful, productive solitude and isolating loneliness? Most important during these forty days, ask how my addict will try to sabotage my solitude and my true voice.

My reactions to today’s queries:

Date _____

Think Sex Through dayNINE

The true test of a first-rate mind is the ability to hold two contradictory ideas at the same time." – F. Scott Fitzgerald

Brain researchers believe that addiction is in part the result of intensified drive and distorted memory. Each time we act out, the dendrites in our brain extend in new ways demanding more of the experience. Addicts intensify this experience with what clinicians term "euphoric recall." The addict will remember acting out, including the pleasure, the exhilaration, and the relief. Filtered out, however, are the risks, the catastrophes, and the unmanageability. Buried are the feelings of despair, the reasoning behind the resolves never to do this behavior again, and the painful consequences. Near disasters are forgotten and therefore warnings are ignored. Thus, the addict is denied access to a key part of human consciousness: the inability to learn from one's own mistakes. The final result is the sex drive keeps reinforcing itself with no reality considerations.

The early members of Alcoholics Anonymous knew this reality. The Big Book urges its members "to think through the drink." This strategy is, before taking a drink, to think through where that will inevitably lead. It never was just one drink. Every scenario leads to disaster. By accessing the bad memories, euphoric recall will lose its power. The brain's own natural antidote to excessive behavior is engaged as an ally in recovery.

The same process exists for sex addicts. Our first steps help us to recall our unmanageability and powerlessness. More than that, we create a reservoir of "bad memories" which we need to conserve like a precious medicine. In twelve-step meetings, a common scenario in our stories is how it was then and how it is now. We must never forget the "how it was then." That means a thorough acceptance of how bad things have become. The courage to face the brutal facts now will assist in being able to think sex through. These forty days become the anchor points of breaking through our personal denial. We need not beat ourselves up; rather, acknowledging the truth will suffice. We ask, what "facts" about my life am I resisting? Am I holding onto illusions which cripple my vision of the truth of my current situation? Are there bargains I have made with myself to get through these difficult moments holding onto some form of destructive behavior? What have I not admitted to myself or others? Being thorough today will make the foundation of my recovery sturdy.

My reactions to today's queries:

Date _____

Magical Thinking

dayTEN

“Learn to value yourself, which means: to fight for your happiness.” – Ayn Rand

When we fantasize, we often alter our daydreams with untrue facts. We come into a great deal of money. Or we have been given special powers. A situation is reversed in our favor. We do something as a result that gives us power, or love, or people's admiration. Or we can come up with a great idea. Fantasies actually can be useful in this way because we may see new solutions. For example, therapists teach us guided imageries to help us understand ourselves and access our own wisdom. When fantasies contain magical thinking, however, we suddenly reverse our world with changes that have no reality. Magically, someone or something will save us. We are using our fantasies to escape our reality as opposed to deepen our understanding. These fantasies are dangerous when we start to count on them.

Magical thinking is the addict's ally in preserving denial. Many of us have this belief that someone will bail us out. Some of us have had enablers in our lives we could count on which helped foster the illusion that, “If caught, I can get out of it.” It is magical thinking to believe that the woman you pay for phone sex (and have never seen) really loves you and wants to have your children. It is magical thinking to have confidence in a legal technicality to keep you from being arrested. It is magical thinking to have continuous behavior and not have your partner notice. It is magical thinking to be confident that someone you have used sexually will keep it a secret – no matter what you tell yourself. It is magical thinking to be on an illegal website and think that because there are so many others also on the site, you will never be found. It is magical thinking to believe that a basis of trust can emerge with someone with whom you have had an affair.

Magical thinking is more than denial. It is thinking which involves something “extraordinary” to make your illusion happen. Magic is when the normal rules of reality are suspended. Denial ignores reality. But we as addicts went beyond overlooking reality. We became our own magicians believing our own illusions. We ask ourselves about the magical thinking in our lives. What “sleights of hand” have we pulled on ourselves, let alone others? Be specific and ask yourself, how have I made an imaginary reality to rescue my fantasies and obsessions? What “extraordinary” departures from reality did I think would save me? What happened to my life when I lived with magical thinking?

My reactions to today's queries:

Date _____

Addiction as Protection

dayELEVEN

“The unexamined life is not worth living.” – Socrates

Addiction serves to protect the self. Almost always, its presence means some unbearable truth resides within. The addiction evolved so the addict would not have to face that critical reality. This is why addictions frequently have different forms and combinations. If we resolve one addiction, others surface to keep that truth obscured. Addiction is in many ways an important ally desperate to save you from your most profound inner wounds. Thus, cravings are communications that the self is in distress. No amount of abstinence will be achieved until the wounds are addressed. Nor will any amount of abstinence take away the fundamental obsession until there is resolution and understanding of the hurt.

If our behavior contains unacknowledged anger, fear or shame, we experience our genitals but not our woundedness. If we have guilt or strengths that are unbearable, the addiction protects the truth about ourselves. Thus, we seek degradation or humiliation so we will not have to acknowledge either our behavior we have done to others (guilt) or true abilities and aspects of ourselves with which we are not comfortable. If we desperately seek acknowledgement in life, we surely will be seeking it sexually in some form.

Throughout the forty-day focus, your internal dialogue with your addict is to help understand what pain your addiction protects. The core dialogues are a device to assist the deep inner conversation you must have to reveal the wounds that until now have been unbearable. Remember your addict resides in part of yourself and in many ways is trying to serve you. You have to see the addiction as your ally. And you must be willing to allow yourself the experience of the dialogue.

The usual failure is one of courage. Ask yourself, are you willing to face what the wounds really were? If not, what would it take to become willing? Is there anything that you need in order to let this part of yourself be exposed? What do you already know of your woundedness that comes out sexually? Brainstorm some other possibilities. Ask your therapists and others in your program, how do they see the wound? Do they see you as willing to accept and grieve the wounds that drive you?

My reactions to today's queries:

Date _____

Twin Wolves

dayTWELVE

"For better or worse, our future will be determined in large part by our dreams and by the struggle to make them real." – Mihaly Csikszentmihalyi

There's an old Native American tale, variations of which were told in several tribes. The story tells of a young boy who approaches his grandfather, who is also a medicine man. He tells his grandfather of a dream in which there are two wolves. One wolf is strong, honorable, smart, compassionate and trustworthy. The other also has great strength, but relies on being devious, opportunistic, and mean-spirited. The first respects the pack and leads by example. The second leads by charisma and seduction, but essentially is ruthless. The first wolf respects traditions and all beings, while the second follows pleasure, whatever the costs or whoever is hurt. In the dream, the two wolves are locked in mortal combat and the boy would wake up from the dream in fear. He asked his grandfather about the meaning of the dream. The grandfather's response was to say that the spirit of each wolf is in all men and women. How the battle comes out is critical to how we access our strength. The boy then asks which of his two wolves was to win. The old medicine man answers: "The wolf that wins will be the one you feed."

In our addiction we fed that dark side of ourselves which relies on deception and exploitation. We failed to match our needs with our connections with others and to recognize our impact on others. We felt strong and invulnerable but, in fact, traded our self respect for a deeper connection with our ruthlessness and predatory behavior. Our needs will be met and we can access our strength by being conscious of our power and honoring our relationships. We must keep accessing that part of our brain which provides perspective and choices so that our brain and will is stronger than those parts of our brain which functioned on a survival level.

In early recovery we are like the young boy watching the battle for the self. Everyday we have to decide which wolf to feed. Today how will I feed the wolf that works to be the best leader? What happens if I try to feed both at the same time? If I only feed the dark wolf? Addiction is described as an itch that cannot be scratched. To scratch would cause it to itch more. Feeding the dark wolf makes the animal stronger. Partial feeding keeps the battle going. Focusing on being strong through choices creates a new foundation for our lives. Ask your addict about the two wolves and learn what you can about the strength of your will versus the seduction of your willfulness. What is the difference between the two for you?

My reactions to today's queries:

Date _____

Raking Leaves in the Wind

dayTHIRTEEN

“To flee vice is the beginning of virtue.” – Horace

A man newly in recovery was sharing his first step. The house of cards had clearly collapsed and the wreckage of his life was spread all about. He let out a deep sigh and said, “I had so many lies out there it was like trying to rake leaves in the wind.” All of us knew what he meant. The annual fall struggle to get all the leaves in a manageable pile was familiar. Raking into the pile where we had control, and then a gust of wind would spread our efforts throughout the yard. Similarly we knew the effort to smooth over inconsistencies, lies, and omissions. Yet, the winds of life would blow away our cover-ups revealing our various dishonesties. So we must continue to rake.

The problem is that once the dishonesties are there, they require more deception. And as our behavior continues and risk escalates, more leaves emerge which have to be managed. We become more devious. Special cell phone accounts, separate internet setups, others who have to cover for us, fictitious jobs, friends, and crises — we almost have different personas, we believe ourselves. To manage all this requires constant attention. We are like the ancient Greek figure of Sisyphus who was condemned to be forever rolling a giant stone uphill.

But it is not forever. The wind dies when we tell the truth no matter how difficult. When we collect the pile we are appalled at our deceit. We see the hurt of others and the damage to our sense of self. By seeing how bad it is, we can anchor our memories on the reality of our addictive lives. That memory becomes key to recovery and we stop our behavior. But we have to be thorough to clean out all the old pockets of overlooked and decaying leaves from earlier years. We prepare for the winter of our transformation.

Once we reclaim ourselves, the winds may come but there are no nagging leaves to corral. We stand strong in the wind. We no longer have to chase leaves nor feel like we have an impossible life rolling the stone uphill. Ask yourself if you know that feeling of raking leaves in the wind. Are there still pockets of leaves that you are tempted to bypass because they will be hard to get to or because they seem not to be a problem? What would be the feeling you would have if there were no more leaves to chase? If no wind could expose you? How much energy has it taken from you chasing down leaves in the wind?

My reactions to today's queries:

Date _____

Worst Moments

dayFOURTEEN

“The nearer the dawn, the darker the night.” – Henry Wadsworth Longfellow

As in the autopsy of a physical death, there are times you take things apart to finally understand what happened. Most sex addicts enter recovery under the dark clouds of disaster. Everywhere on the addict's personal horizon appears looming clouds of consequences, bad news, and broken trust. As the carefully woven fabric of lies unravels, important people are finding out how bad it had become. Revelation after revelation creates more chaos. The temptation of the addict is to say, “Alright I get the point!” and wishes dearly to move on. Addicts want to “fix it.” The good news is that the discipline of the first step does not allow us that escape route. Recovery really starts with the post-mortem of our addictive behavior – painful as that process is.

The first step asks us to be ruthlessly honest about times when we were powerless and times when our lives had become unmanageable. Sometimes these issues overlap and sometimes not. Every addict has moments of powerlessness which personally were very painful, but caused no outward consequences. And there are moments of extreme unmanageability caused by seemingly minor episodes of acting out. No matter, all the addiction scenarios must be parsed out, frame by frame, so the deep wounds can be exposed. The reward is understanding how we participated in the disease and how badly we have been damaged.

A very useful concept is the “worst moments.” All addicts have the internal catalog of memories of when we were at our worst. Sometimes we have to stalk these memories within ourselves because the shame and denial is so great. We have fear because the first-step autopsy lays bare the most intimate, unprotected parts of ourselves. Yet, a list of the worst moments is where to prospect for the deeper patterns. Those moments are not on the list of “worst” for no reason. They are the most disturbing – and the most rich for insight. They also help us to access our pain. Connecting the pain with the insight deepens our resolve. Painful insights become important mentors to our recovery process.

Today the question is, what “worst moments” elude us? We should bring up the ones we have been most reluctant to tell anyone. We should face the truth about moments that belong in that worst category, but to revisit them seems unbearable. I will ask for help today from my addict in the query process, from my therapist, and from my support group. What worst moments am I avoiding?

My reactions to today's queries:

Date _____

No Requires Yes

dayFIFTEEN

“Experience is not what happens to you. It is what you do with what happens to you.” – Aldous Huxley

There is an old Buddhist maxim, “If you are going to say no, you must know what yes is.” Sex addicts have been caught between no and yes for most of their lives. It is a great internal battlefield in which the same ground has been covered over and over again. Am I going to do it, or not? In seduction, an addict will ride over a partner’s boundaries by confusing the partner’s no as really meaning yes. So that person becomes an unwitting casualty on the addict’s battlefield. Addicts may even blame that partner for that “confusing” message.

The Buddhist teaching is really about hiding in the extremes. For a monk to commit to celibacy without any knowledge or experience with sex is a naïve commitment bound for trouble. We are sexual beings and simply repressing sex does not work. Similarly, diets with compulsive overeating seldom work for compulsive overeaters. Ultimately, it is about choices. How do I use food? What does food mean? What foods are best for me? For recovering sex addicts, simply swearing off sex never brings sexual serenity. The obsession has simply taken up residence on the anorexic side of the table. Sexual recovery always involves learning about sex and embracing the sexual self. Meaningful sexual expression resolves the tension that exists in “all or nothing” behavior.

To have successful sexual boundaries, you must commit to what, sexually, “yes” is for you. To know that your sexuality can be expressed in rewarding ways answers the sex addict’s key question: Do I have to give up my sexuality in order to have a sane life? All or nothing thinking eliminates a wide range of options. The great irony for sex addicts in an “abstinence period” is they discover all the aspects of their sexuality they can experience without being physically active. Many of us discovered that despite thousands of partners, our true inner, sexual selves were untouched and inexperienced.

Today reflect on your all or nothing approach to sex. Do you recognize the “swearing it off – never again” stance and “I deserve it no matter what the costs” stance? Have you traversed the same ground over and over again? Can you accept sexuality as one of your greatest gifts and one of your most important graces? Are their parts of you that are sexually naïve? What sexual expression for you would be meaningful and deeply rewarding?

My reactions to today’s queries:

Date _____

Stockdale's Paradox

daySIXTEEN

"The harder you work, the harder it is to surrender." –Vince Lombardi

Admiral Stockdale was the highest ranking officer in Vietnam POW camps. He was there eight years himself and is credited with literally keeping thousands of American service personnel alive so they could return to civilian life. When asked about the secret of survival, he pointed to an essential paradox. He observed that you must never lose sight of where you want to be and you must never lose confidence that ultimately you will get there. On the other hand, each day you must absolutely recognize how bad things are. The key to survival is knowing the complete reality of how much trouble you are in.

All paradoxes involve essential truths which contradict each other. The resolving of paradoxes is to accept that both truths become a recipe for survival. Recovery uses the same paradoxical recipe. We must keep our eye on a productive life filled with serenity. And each day we must face squarely and with no delusion, however bad it is. Thus, in the program we meet people who have been successful who can be mentors and models for us. We hear the stories of how it was and how it is now – the proof that it works. We are also told to take one day at a time. Focus on what we have to do now, however unpleasant or painful.

A recovering sex addict tells the story of how growing up in East Germany under the Communist regime, his parents and family were all killed. Finally, he realized there was no one left and he only had himself. He also realized he wanted to be in the West and free. To do this, he broke through the wall that separated east from west. And he ran hundreds of yards across "no man's land," dodging bullets and traps. He kept reminding himself as he ran that he was worth the risk. He kept his presence of mind through each second of peril. He wanted the freedom of the other side.

Today reflect on the paradox for you. Can you see the new life that you want and know that you are going to get there? What help do you need with that vision of successful recovery? Are you willing to face how bad it is even though your addict begs you back with the sweet voice of escape? What do you finally need to accept about how bad it is? What grief gets in your way? Are you willing to do what it takes to get there? Are you worth it? Who will help you with your resolve to get the recovery you deserve?

My reactions to today's queries:

Date _____

The Greatest Mentor

daySEVENTEEN

“Mistakes are the portals of discovery.” – James Joyce

Mistakes are our greatest teachers. They teach us lessons which accumulate and flow together as if a “great mentor” was trying to help us. Accepting our own mistakes becomes the core process of resilience. Resilience is the very foundation of recovery and of a successful life. Recovery starts with admitting mistakes. They are very human errors, but the lessons we take from them help us with the perspective to change our behavior and the biology of our illness. We must go beyond concepts of sin and failure or we will never leave behind the despair of the addictive cycle.

Most addicts are embedded in a cycle of resolving to do better and then losing that battle. They internalize this broken promise as a failure and a sign that they are flawed in some way that will never heal. The resulting hopelessness further impairs judgment so the cycle deepens. Fear of failure and fear of your own flaws extends to all parts of your life. Like interest on money compounding so that your savings grow, the interest on your shame feeds on itself. Thus, no effort is made without the fearful shadow of failure.

Yet, mistakes are like pearls of great value. They are rich with information and lessons. They are not the enemy. Without mistakes, virtually nothing good would happen. No self-discovery would occur. To betray your partner is a significant breach of the covenant between you. Such behavior is not a trivial event. Yet, it is also a mistake which results in deep learning for the addict – and even for the partner. When these breaches are repetitive as in addiction, we start to understand powerlessness. The mistakes led to “a loss of mind.”

Taking risks and making mistakes are essential to the recovery process. Addicts embedded in failure resist trying new behaviors. The recovery paradigm shift means welcoming mistakes as “learning” and not more proof of your “flaws.” Treatment and therapy become a safe laboratory to try out new behavior – and make mistakes. Not only do you get new behavior, you start to value mistakes as pearls or “sources of wisdom.”

Recovery starts when we value our mistakes. Today ask yourself how you look at making errors and mistakes. Are mistakes the enemy? Do you see yourself so flawed because of your behavior that you feel hopeless? Do you welcome your errors as teachers or are you more likely to punish yourself? Therapy is the best place to take risks. In what ways are you avoiding risks with your therapist and support group? Ask your addict when your mistakes became the addictive process you could not stop?

My reactions to today’s queries:

Date _____

Proving What is Not True

dayEIGHTEEN

“Be the change you want to see in the world.” – Mohandas Gandhi

So much of an addict's time is spent proving things that are not true. Addicts anticipate discovery, so they create stories and circumstances in advance to prove their future accuser's wrong. They go to painful extremes to position themselves as pillars of reliability and fidelity. When some aberration from their image appears, they go to elaborate efforts to do damage control. This “proving process” is beyond image management. It becomes obsessive in its own right. The goal you ask? To protect oneself from feelings of shame and defectiveness becomes the addictive operating procedure. The problem is you are proving things that are not true.

Worse, it toxically expands into all parts of life. Addicts start as fundamentally honest people. Their desperate need for approval distorts the truth about themselves. They take their wishful thinking and present it as fact. They create images of themselves as more successful professionally and financially than is true. Business becomes persuading and selling that which is untrue. Acquaintances with noteworthy people are reported as close friendships. Their talk is filled with inferences that they know more than they do. But again, they are putting energy into proving what is not true. Everybody becomes the object of the addict's seduction. Tell people what you think they want to hear. Yet, the listeners know this about the addict and consequently do not trust the proving. Shakespeare's captured the spirit of this distrust with the famous line, “Methinks the gentleman doth protest too much.”

The way out is simple. Tell the truth. Then you do not have to prove a thing. The relief is immense. The truth opens the way to trust and builds confidence. Yet, it is so hard for addicts to give up spinning of tales and the hoarding of facts that would be incriminating to their humanness. The worst occurs when the full realization hits of how much of their time and energy has gone into proving what is not true everyday.

Today think about ways you have attempted to prove what is not true. How much energy and time have you put into creating an image that was not true? How much of that effort was about your addiction? In what ways has your addiction affected your ability to be a truth teller? What would you have to give up in order for your word to be impeccable?

My reactions to today's queries:

Date _____

Stalking the Shadow

dayNINETEEN

“A moment’s insight is sometimes worth a life’s experience.” – Oliver Wendell Holmes

Sex addicts have a highly refined sense of disclosure. They are very careful about what they reveal and what they hide. They are guided by the notion of protection. They are protecting themselves. They are protecting those who act out with them. They even tell themselves they are protecting their partners because “they could not handle the truth.” This protection wall in which they actually have pride really is a shame barrier to protect the shadow side of the self. Our shadow side is elusive even to ourselves, but contains our darkest wishes. Avoiding acknowledgement of this shadow side of ourselves papers over the essential contradictions in which addiction thrives. To say you love your partner while sleeping with others is a contradiction. Like all contradictions, it requires a distortion to exist. If the addict, the sex partners, and the committed partner all know reality, unacknowledged desire loses its power by being revealed. Hidden, it rises to its own level, gaining power, and sapping the energy of the addict.

The careful revelations of the addict falsely reassure. Those around us do notice. They see the inconsistencies. Often, they see things about us of which we have no awareness ourselves. The anomalies invite distrust and more scrutiny. In fending off those who would discover the truth, the addict loses a sense of his or her shadow side. Jung warned us of the extraordinary human costs to the unwary who do not understand their own motivations. Worse, they lose the opportunity to develop a more powerful self by exposing the dark side. Thus he observes the great power of sharing our worst ambitions and our darkest history with those close to us. The greatest tragedies come from the hidden feelings, grievances, and desires which, while buried, guide their bearers into extraordinary destruction. Yet, addicts almost have to stalk the shadow parts of themselves, the compulsion to protect is so strong.

When full disclosure occurs, the addict feels vulnerable. Everything about telling the truth feels counterintuitive. In the conversations that follow, those valued hidden parts become exposed and useful. The addict, standing strong in his or her self knowledge, experiences a new power. When they were hiding the truth, they restricted essential parts of their strength. In their addiction, they were persevering, talented, and smart. In recovery, those traits now become assets.

Reflect today on stalking the shadow side of yourself that you may have lost or not even known. Note what resides in you that you have steadfastly kept hidden. What would happen if the darkest of your thoughts and behavior became known?

My reactions to today’s queries:

Date _____

Changing the Brain

dayTWENTY

“The art of life is to know how to enjoy a little and endure much.” – William Hazlitt

Historically, the brain has been seen as a relatively unchanging organ once it reaches adult size. We now know, however, that it has much more plasticity than we ever imagined. We also know that the brain can modify itself to create more intense sexual pleasure. Unfortunately, the acquired sexual wiring may require more and more in order to achieve the same result. Addicts have to add new behaviors, greater risk, or increased frequency to keep up with the brain's demands. Further, those of us with a history of child abuse may have trouble inhibiting the brain's quest for more. The result parallels what you have seen in forests where a tree deprived of light grows deformed in an effort to reach sunlight. Our brain now has circuitry which, while powerful, is dysfunctional.

People who have never experienced this process cannot imagine sex being so powerful. Yet, addicts have to fight their own brain chemistry while they are experiencing it. They have to deal with people who don't believe it possible to experience such pleasure they lose control. They believe the addict did not try hard enough. Addicts themselves fear judgment as the truth, that they did not possess sufficient will power. At first, it did seem to be a choice. Yet, like gamblers, alcoholics, and other addicts, they learn that the brain passes a point which can make will power a mere punctuation in the downward spiral.

Now we know that we must mobilize our brain to alter our own physiology. To do that we must acknowledge the problem and stop reinforcing our brain to grow in its deformed pattern. We learn to distrust the signals because they are simply codes for error. We define and discover rewarding sexual paths which deeply meet our needs without the danger. Learning new concepts forces the brain to change. Talking, writing, and treatment push the brain to reform itself. Trying new things both physically and relationally help immensely. Forming deep relationships causes significant shifts as well. Exercise and nutrition are vital. While the task is large, we are programming for integrity. You will see dramatic differences in frequency and power of destructive error codes in time.

Reflect today on taking responsibility for helping your body heal. Creating a positive sexual focus, going to meetings, completing assignments, developing powerful new relationships, working on exercise, and trusting the treatment process is hard work. Yet, each day presents new options to create new pathways in your brain. Are you able to accept bad signals or “error codes,” now wired in your brain? Are you resisting the process, so your brain does have a chance to heal?

My reactions to today's queries:

Date _____

The Path

dayTWENTY-ONE

“As soon as you can say what you think, and not what some other person has thought for you,
you are on your way to being a remarkable man.” – J.M. Barrie

Imagine a large, open meadow which has a path you have followed for years. Each time you walk the path it widens and deepens. With each sojourn you notice that the path does not take you past some of the best parts of the meadow. Nor does it get where you usually need to go very efficiently. Worse, there are perils along the path you always have to worry about. So you strike out to make a path that does serve you well. It feels uncomfortable and it is awkward, but with each walk the new, more functional path becomes clear. Its safety and beauty make the effort worth it.

Your brain is like that meadow. Your addiction has created well-worn paths. To use Scott Peck's notion of a “road less traveled,” you have to go through the awkwardness and fear of leaving the familiar path. Research shows that the brain responds well to change by doing things differently. Even simple tasks, like switching hands while brushing your teeth, force the synapses of the brain to work together in new ways. Treatment and recovery really does mean making new paths in the landscape of your brain. A one-time meandering walk does not make for permanent change. Intentional and consistent use of a new path allows your brain to streamline its functioning into a new pattern, one that serves you well.

When we first become willing to step off the beaten path, it may mean enduring not only our own internal awkwardness but maybe the disapproval of others. There are a lot of pressures to stay on “the easier and softer” way. We have to stay committed to the advantages of the new path and we have to consistently follow our new intent. Exasperated, we may want to return to the old, known path. Within the brain, the advantages to the old trail will be presented in cunning and innovative ways. Those parts of our brains crave being utilized and are starving for stimulation. Yet, we want our bodies to be better. So, determined, we keep working on the new trail and can actually enjoy the process.

Reflect today on your willingness to blaze new trails. Can you see the new path emerge? Are you willing to stay on it and keep your brain growing? Do you feel the old trail's call? In making a new series of options for yourself, are you ready for the focus necessary to force your brain to rearrange itself in new ways?

My reactions to today's queries:

Date _____

A Firm Grip On the Obvious

dayTWENTY-TWO

"The greatest test of courage on Earth is to bear defeat without losing heart." – Robert Ingersoll

Harry Stack Sullivan was one of the great pioneers of psychotherapy. One of his key teachings was that good therapists were "masters of the obvious." Good therapy is a little bit like the television character, Detective Colombo, who persevered when things did not add up. Good therapists notice anomalies, inconsistencies, and contradictions. Their persistence around these issues helps the client reclaim reality. Psychiatrist Scott Peck defined mental health as "facing reality at all costs."

An inevitable part of therapy for addicts occurs when they are challenged about their reality. Typically, the patient feels misunderstood or even enraged when something does not "add up" to the therapist. The addict may dismiss the confrontation by perceiving the therapist as deluded or judgmental. Another convenience is to find fault with the therapist or his institution. Perhaps if the same issue is raised by a sponsor, a quest for a new one begins. Or a co-sponsor is sought to temper the questions of the first sponsor. Remember that you are seeking the truth about yourself. To dismiss those who raise questions about the obvious undermines your ability to have a firm grip on that which you seek. Do not play this game out to its end. Only denial awaits.

When people draw a bead on something that makes you defensive, notice how upset you are. Typically, that is an index to how big the issue is for you. Almost always a painful realization exists. Those who ask questions are mean, or dense, or manipulative. Rather, they risk your rejection in an effort to help you reconcile the inconsistencies of your life. Enjoy, appreciate, and cultivate your critics. Invite further dialogue and feedback rather than run and isolate. By processing the issue by yourself, you may never access the perception you need the most. Immersing yourself in dialogue about your most uncomfortable issues cracks denial, stimulates the brain, and builds trust. Who is right does not matter. Discussing it does. Remember as addicts we were skilled at deflecting inquiry. We made the inconsistent make sense. We made others feel crazy by denying the obvious. So it should not surprise us that the way out is to ask for help with contradictions we did not want to admit or even see.

Today reflect on the people who have been most helpful to you. Ask yourself if a core part of their help was to point out the obvious. Did you value that part of their support? Why did you resist their input? In what ways are you avoiding the obvious today? If you are, what feelings would happen if you accepted the obvious?

My reactions to today's queries:

Date _____

Transforming Suffering Into Meaning

dayTWENTY-THREE

“Character may be manifested in the great moments, but it is made in the small ones.” – Phillips Brooks

Therapist Viktor Frankel wrote of his days in the concentration camps. People despaired to the point of suicide. The Nazis even had a rule that to interfere with a suicide would bring instant death. So at night in the many tiered bunks, people would talk about their hopelessness. They often were ready to just let the Nazis take them. Those who held out hope would ask what was worth living for. Was there a child somewhere, a task that meant a great deal that you could still do if you survived? In short, the inmates would appeal to whatever could motivate people to survive. The bottom line was they were appealing to what gave sufficient meaning to life for them to live. Frankel made the observation that the people who survived were able to “transform suffering into meaning.”

Difficult times demand that you are deeply rooted in what matters to you. Struggle is inevitable for everyone. Life will present you with losses, betrayals, and a vast array of unfair events. Those with sufficient resilience accept the cards that life deals, and find meaning even in the struggle itself. People use the term “spirituality” to describe knowing what matters and what inspires you (in spirit) to rise to the challenges you face.

Starting recovery almost always involves despair and even thoughts of suicide. Addicts have so much deep shame about their behavior and their life is so disrupted, it just seems there is no way out. Yet, in the crucible of that suffering, they see the reflections of what really matters in their life. Those who connect meaning with the larger purposes of life can dispel despair, and start rebuilding. Suffering is simply a reality that life presents which deepens your commitment to important things.

Recovery in that sense is like remodeling a house. You keep the same foundation, but you can move walls, make additions, and add stories. In short you can make it very up-to-date, very functional, and very beautiful. In recovery, the foundation is your history and the meaning you make of it. Nothing can change the past. Everything beyond that is up to you.

Reflect today on your history and your most meaningful moments. Identify other difficult times and note how getting through them actually made you stronger. How can you take this difficult experience of addiction, and transform it into something of great value? List for yourself all that is important enough to you to make the effort to face your addiction.

My reactions to today’s queries:

Date _____

The Sweet Voice of Escape

day **TWENTY-FOUR**

“Hope sees the invisible, feels the intangible, and achieves the impossible.” – Anonymous

Addictions rely on contradictions. Our actions do not match our covenants or our words. Contradictions reside in delusion, denial, and deception. We call it the “sweet voice of escape.” We sought relief and an easier way. Yet, when bargaining with the sweet voice of escape, the price is always our soul. The sweet voice promises the ultimate, the final, and the best fix imaginable. And the results never match the fantasy.

Serenity comes when all realities match. The key antidote to escapism is commitment to a vision for our lives balanced by a commitment to our current reality. Such commitments mean our souls are never for sale. The key decision then is to come to our own assistance – consistently and authoritatively. Coming to our own assistance honors our critical commitments. Living those commitments manifests the vision of being at our best as well as making each day a venue for discovery. Happiness and success are byproducts of being at our best in a way that matters to us. Then, like a miracle, all the pieces fit and match.

**Our souls are
never for sale.**

The sweet voice became our voice, seductive in its purposes. We lost our voice until we captured the vision of who we wanted to be. We refined that vision with our suffering and trusted that vision because it was a better life. Our actions matched the vision, and we knew integrity. At the door of a spiritual life always resides the question, what is the right thing to do? And we knew. The door opened. Everything matched was the key.

When we captured the vision, the sweet voice resisted. When our daily lives reflected our deep desire to bring the vision into our lives, the sweet voice cried its most insistent song. The vision saved us because it rang true and the notes of the sweet voice were but echoes of old deceptions. We did not know the harmony that occurs when everything matches. Now we do. Our souls are never for sale.

Reflect today on how you originally heard the sweet voice of escape. How does it affect you now? What is the vision you have for you being at your best? How does that match your current life? What further can you do to come to your own assistance to eliminate the contradictions of your life?

My reactions to today's queries:

Date _____

Being Present

dayTWENTY-FIVE

“It is never too late to be what you might have been.” – George Eliot

Our culture diverts our attention from the present. Endless hours are spent watching television as if the stories there are more real than our own lives. Life somewhere else must be better. We go on the internet in the hopes that, somewhere else, sex is better. We work harder than any other nation with the assumption that it will make our life better. We go on the deferred living plan. We promise ourselves we will spend time with loved ones when this project is over, when we retire, or when we have achieved some goal. Like the father in Harry Chapin's song, *Cat's In The Cradle*, we say to our loved ones, “We'll have a good time then.” Only we discover that our kids become just like us.

The result is an emptiness that demands filling. The comfort we would have being connected to others and our world, we have discarded. Addiction is a quick way to fill the void. Our culture with its overextension and compulsive busyness sends us searching for quick ways for life to be better. The truth is there is no security in life. We only have the moment and connection. The result is that we live in an addiction prone culture – a culture that looks for quick and easy solutions.

Think of the best moments of your life. Almost all of them would be characterized by being connected to nature, family, and friends. Also you will note a common theme of little concern for the future or the past. Many of us even used the term spiritual to describe these precious times. Part of the genius of the twelve-step fellowships is connecting to a community which focuses on day-to-day living. In fact, the twelve-step program teaches a basic existential position which is summarized in the serenity prayer. We are asked to accept those things we cannot change, to change the things we can, and to know the difference. We use words like “surrender” and “letting go” to describe the internal release of our anxieties, worries, and efforts to control outcomes. When we acknowledge the reality of no security, we will know the blessing of day-to-day living. John Bradshaw calls this the sacrament of the present moment – the most holy thing possible.

Focus on being present today. Set aside the distractions of past behavior and the fears of the unknown future. Ask what you have been missing because of your preoccupation? Notice how your addiction undermined being present to your life. Mourn what you have missed but only as a feeling you are having now. Observe how present children are. Allow your twelve-step community to be precious.

My reactions to today's queries:

Date _____

Boundaries

day TWENTY-SIX

"I count him braver who overcomes his desires than him who conquers his enemies;
for the hardest victory is the victory over self." – Aristotle

Boundaries are rules we have to help our relationships with others. We have rules about what we will not do to or for others. We have rules about what we will not let others do to or for us. Our boundaries also help us with our commitments to others. We mean what we say which builds trust and deepens bonds. Boundaries allow us to be independent of others and yet deeply connected to them. It is like we have a zipper inside which healthy people can decide to open or close. When children suffer abuse, the zipper is on the outside.

**Part of recovery is to learn
the principles and structure
of boundaries.**

People can unzip and access us whether they were welcome or not. Addicts will attempt to test the boundaries of others because their own boundaries have been violated.

Rats also have rules. They have rules about mating, food, games, and play. Addicted rats abuse the rules. Scientists note that other rats stop playing or having contact with them. Loss of contact adds to the anxiety of the addicted rat. Similarly, in professional sports, those players who abuse the rules become ostracized by the others no matter the talent or the fame of the athlete.

Addicts wonder about their isolation, but have not thought about the problem of boundaries. Relationships only work when people can trust others even in simple play. Part of recovery is to learn the principles and structure of boundaries. Also addicts must rigorously look at how the boundaries have collapsed in their lives. How have we let people walk all over us? How have we taken advantage of others? Has our word been impeccable or have we talked badly of others behind their backs? Have we kept our promises? Have we let others create despair in us because of unfounded, unkind words? Where have we failed to draw the line between ourselves and those we care for?

Today focus on being true to yourself and faithful to others. Observe how boundaries work in terms of self-respect and respect of others. How did your family impact your boundaries? What boundary chaos emerged from your addiction? What boundary conflicts do you have today? What help do you need with boundary management? How does your addict see boundaries now that you are in recovery?

My reactions to today's queries:

Date _____

Feelings

day TWENTY-SEVEN

“We know what we are, but know not what we may be.” – William Shakespeare

Many of us grew up in families that taught us not to feel. Worse events happened in which feelings were intolerable. Truths were spoken by children in tears to parents who found the truth inconvenient and who dismissed the tears. Caught up in their own chaos, families tried to pull their members into a “consensus reality” which was easier to manage. Anger and deviation were seen as disrespect as opposed to legitimate and truthful. “If you cannot say something nice, don’t say anything at all” was core to teaching us to lie.

As a result we became intolerant of our feelings. It was unbearable to be anxious, angry, sad or even alone. Our emotional intelligence, which is core to human success, was undermined. We must know our feelings no matter how dark, how inconvenient, or how elusive they are. For example, unacknowledged anger, coupled with sex and risk, becomes eroticized rage. This rage drives sexual addiction in many ways. Yet, addicts only notice the sex. In recovery, addicts are appalled at misplaced anger’s role. Appropriate anger is an empowering emotion which supports commitment and self-respect. Without anger, it is hard to reclaim our own voice of which we were robbed in the interest of consensus reality.

Consider grief, pain, and mourning. Addicts have been running from pain for years. It is like fleeing an oncoming avalanche which finally catches up with them. So many losses have occurred. Deep emotional wounding has never been tended to, so overreaction becomes a way of life. Ignored hurts fester into grievance stories which distort judgment and empower sexual acting out. Yet, cultivating our emotional intelligence starts with seeing suffering as ordinary. Pain helps clarify what is important and helps us refine who we are. Pain is a welcome friend from whom we learn so much. To resist the inevitable dilutes our own strengthening process. No recovery succeeds without grieving because sobriety does not come to the inconsolable.

Today I will cultivate my emotional intelligence and remember I am reclaiming my own soul. I will notice my feelings, hold onto them, and use them to inform myself about who I am. What role have unacknowledged feelings had in your sexual acting out? What happens for you if those are acknowledged? Are you intolerant to having feelings?

My reactions to today’s queries:

Date _____

Taking Responsibility

dayTWENTY-EIGHT

“If a man would move the world, he must first move himself.” – Socrates

Among traditional peoples there is a highly developed sense of taking responsibility for your own actions. Among Canadian tribes, if sexual assault occurs, the whole community gathers and each speaks to what they did or failed to do to prevent the assault. The goal is to preserve connection to others, to the environment, and to a spiritual life. Chief Joseph spoke of his sense of standing on the “ashes of my grandfathers.” Harmony is achieved by each being responsible for their impact on others. Many indigenous peoples use some variation of the 24/3/7 rule. If you have done something harmful to others, you must address that person about it within one day. If you cannot, apologize in three days. At most, make the contact within seven days.

This same principle underlies twelve-step teaching for serenity. When you make a mistake, you promptly admit it. When you have harmed someone, you make amends. The core of the step process is an “inventory” process which seeks out those parts of ourselves which keeps us out of harmony. The goal is not to judge yourself harshly, but to know your limitations and work on them. The goal is to help yourself, not be mired in self-loathing. No tolerance exists for defending the indefensible because being right in the long run does not matter. Sobriety does. The dividends are humility for yourself and patience with others.

There is not an addict who has not had righteous self-dialogues justifying behavior for which there was no excuse. Internally, they were case building. Just like an attorney preparing to convince the jury, the addict is preparing a convincing series of arguments in his mind, to convince others of how right he was. Woven in this dialogue were lies that he would start to believe himself. When conversing with others, these rationales would be passionate, logical and maybe even convincing. The truth: it was bad behavior for which no excuse exists. To admit it would have saved drama, hurt, and betrayal. We call it rigorous honesty.

The focus for today is taking responsibility for your actions. What behavior are you still protecting? Do you have any amends you need to make today? What extra efforts would help you in admitting when you are wrong today? What case-building do you still invest in? What rigorous honesty can you take pride in?

My reactions to today's queries:

Date _____

Accepting Limits

dayTWENTY-NINE

“One can have no smaller or greater mastery than mastery of oneself.” – Leonardo da Vinci

We are constantly invited to exceed our own human limits. We are encouraged to spend more than we earn, to eat more than our bodies can sustain, and to acquire more than we can use. We are asked to work in ways that minimize our need for rest. Living in a culture that believes in overextension is hard for a recovering addict. The addict's downfall is the belief that “more is better.” Surrounded by a no-limit society, the addict's struggle with human limitation can get lost.

Actually this is not a new problem. The Greeks used the “hubris,” or pride, to describe the tragic flaw of some of their most notable heroes and heroines. Hubris occurs when a person does not believe they have to work within the rules everyone else must. They are above the rules either because of the situation or because of whom they perceive they are. Self-indulgent rage brought Oedipus and other Greek heroes to ruin. Hubris often involved the sexual exploitation of others such as the sexual harassment of Penelope while Ulysses was away. A more current example is Sherman McCoy in Tom Wolfe's *Bonfire of the Vanities*. McCoy was a very successful stock broker who saw himself as one of the “masters of the universe.” He did not have to limit himself sexually because he was “above” other human beings. McCoy learned that hubris always brings a “nemesis” – someone or something that will bring you down.

Addiction is built on hubris. Every addict has to rationalize why they do not have to play by the rules or accept limitation. Their spouse is unresponsive; they have so much stress they deserve it; they have tried so hard; they can handle what other people cannot; their sex drive is stronger; they were married too young; or they intellectually, or in business, have achieved so much. The list is endless. Any of us can imagine having sex with hundreds of partners and many have tried. Loving one person over the life span is a great feat that few achieve.

Reflect on your hubris by asking yourself about how you felt you were above having to do what other people did. How did you tell yourself that you were right in breaking the rules? Addiction thrives with pride and arrogance. Does your sexual acting-out have self indulgence, pride, arrogance, and even aggression in it? How did you bring on your own nemesis? How do you accept limits in general?

My reactions to today's queries:

Date_____

Living in Consultation

dayTHIRTY

"To be human is to be fallible." – Arthur Freeman

Decades ago, psychologists studied IQ tests and made an amazing discovery. If you contrast people's scores with a score computed out of their collective answers, you see clearly that people are smarter together than they are separately. Today we have a rich scientific literature showing that we come up with better solutions in consultation with others. The most effective companies today achieve their greatness through intense discussion, brainstorming, and problem solving. Central to the twelve-step process is consultation. Sponsorship, meetings, and step work are all about sharing our difficulties with others. Therapy, if nothing else, is a consultation. You ask a therapist or staff to collaborate with you in your life. Recovery is learning to live in consultation.

One way to define addiction is to view it as an intimacy disorder. Many of us growing up did not have the nurturing and closeness that makes for successful attachment. Dysfunctional family life, abuse, and neglect can deepen the distrust. The resulting anger and woundedness creates a resolve to do things on your own. And therein is where addiction draws its power. If you cannot count on people, addiction will always do what it promises. All addictions ask for is more sex, drugs, and risk. No surprise then that 87 percent of addicts come from families in which significant intimacy problems exist.

Starting with the famous conversations between Bill W. and Dr. Bob in the kitchen of Dr. Bob's Ardmore Street home, talking it out has been the way of recovery. Lois Wilson walked out of the same kitchen and was angry with Bill and his AA friends. She saw all the wives sitting in their cars waiting for their husbands to finish AA. She told the first woman in the first car that she needed to talk. Together they went to the others and Al-anon was born. The recipe of facing addiction problems together has been proven since the thirties. Now addicts know that we really are smarter together than separately. Science also informs us that profound changes occur in the brain when conversing about problems and when deep bonding occurs.

However, addicts believe in secrecy. They do not want to burden others. So they resist the greatest gift of recovery: living in consultation. Focus today on how you resist help. Do you solve problems first, and then tell people? Or do you ask their help in solving the problem? Do you have people in your life who know everything, large and small? How was help given in your family? How willing are you to accept help today? Are you great at helping others, but not good at seeking assistance for yourself?

My reactions to today's queries:

Date _____

Coming to Your Own Assistance

dayTHIRTY-ONE

“Now is the time.” – Martin Luther King, Jr.

You will notice that there are people who are very clear about the problems they have. They will provide you with a more concise and thorough description of their issues than most professionals can. They may even be able to list solutions that would in fact resolve those problems. But they will not do it. They will not come to their own assistance. Yet, coming to your own assistance is the only way healing occurs.

Usually, the failure to help yourself starts with neglect in the family. If the child does not consistently get help, the child incorporates a pattern of helplessness into their internal world. They do not believe help is coming, so they do not even help themselves. They can become compulsive in helping others since it is unbearable to see others experience what they did as a child. Another factor can be that if a person makes the changes necessary to resolve the problems, there will be losses that appear to be unbearable. So they do not act to avoid the grief and unwittingly add pain. Or they may have such shame, they do not believe they are worthy of a successful life. Whatever the issue, early recovery often demands a search into why you fail to take action on your own behalf.

All of us who see a child in imminent danger would step in and put our body between the danger and the child. We would protect that child even though we do not know the child. We have no idea what kind of person the child is or will be. Yet, we act. If we are willing to do this for someone we do not know, we need to ask why we would not do this for ourselves. If it was so important to save this child, why not save ourselves?

Commence the search for your willingness to help yourself. Start with thinking about how you currently do self-care. How do you do things that help you stay healthy? Nurture yourself? How are you kind to you? Are there things you need to do to take care of yourself that you neglect? Where does self-neglect come from? Are there obvious solutions for your problems you resist? Do you abuse yourself with overextension, toxic self-talk and poor health habits? What are the sources of this self abuse?

Tapping into your willingness to care for you is critical to the success of these 130 days. It is very important to identify the barriers to taking action on your own behalf. Even more important, it is one of the essential life skills. In your queries, ask your addict about why you refuse to do the obvious.

My reactions to today's queries:

Date _____

The Double Life

dayTHIRTY-TWO

“We come to beginnings only at the end.” – William Bridges

When sex addicts' stories are told, almost always there is a double life. There is the public life everyone knows, and the secret life – or lives – that are hidden. Multiple families, unacknowledged children, secret internet activity, infidelity, illegal behavior, prostitution – the list is only limited by time and ingenuity. A good metaphor is using windows on a computer. If you open window, you can leave an application running, and open up other windows. You then return to it when you need to.

Slipping from one reality to another comes easy when a child lives with terror.

The classic metaphor for the double life is the Robert Louis Stevenson's story of *Dr. Jekyll and Mr. Hyde*. The story is often presented as depicting the problem of alcoholism. Yet, Stevenson's original intent and a careful reading of Dr. Jekyll's last letter reveals that it was sexual behavior which would

overtake the good doctor. Dr. Jekyll finds himself doing sexual things he did not want to do. He was repelled by them. More and more he finds that he has two lives. And that he is losing track of what happens in the other life. Eventually he realizes there can only be one end.

What is the truth beyond fiction? We know that sex addicts often grow up in demanding families that are rigid in their expectations. As a result they learn early to keep secrets from their families. Also, they distrust authority because of the rigidity of their family. If they learn their parents also have secret lives, they conclude that duplicity is a way of life. If there was a child abuse, the child learns a strategy to cope called dissociation. Basically, this involves a fantasy world or a separate world where the abuse is not present. Slipping from one reality to another comes easy when a child lives with terror.

The net result is addicts trust secrecy and see the double life as ideal. The problem parallels the demise of Dr. Jekyll; you cannot sustain sanity. Like the computer with too many windows, there is a crash. And for addicts, the disaster usually comes at the expense of other people's lives.

Focus today on your trust of secrecy and double lives. How did you develop that trust? To what extremes did you go? What has been the cost to you? To others? Are there pockets of secrecy left? What are you willing to do now to be transparent? Can a truly spiritual person lead a double life?

My reactions to today's queries:

Date _____

Keeping Score

dayTHIRTY-THREE

“Life is growth. If we stop growing, technically and spiritually, we are as good as dead.” – Morihei Ueshiba

Sex addicts do keep score. An implicit trait of preoccupation is tracking how well you are doing by some means. Sometimes addicts will track how many people they have been with. They will keep notes or lists which become ways to recall the past. They are also ways to reassure yourself that you have had enough because it always seems that you want more. Others will track orgasms or collect pictures and videos. Certain types of people, situations, and behaviors become ways to score. If seducing maids in hotels is the goal, people will track it. Sleeping with as many of your husband's friends as possible can become a goal.

Scorekeeping extends into other areas of life as well. As sex can take on all kinds of meaning, so can money. Money is one way to keep score. The more money, the better I am doing. Tracking deals can be like tracking orgasms. They become obsessional. The more people you employ, the more toys you collect, the more businesses you own, or the more homes you live in – all add up to the same thing: You are not being present to your life.

Psychologist Mihaly Csikszentmihalyi studied successful people all over the world. He determined that successful people use their brains in the same ways addicts do. This might in part explain why addiction is prevalent in so many talented people. One trait that is common to both is keeping score. Achieved people always have ways for measuring progress. The achieved person is measuring how they can be at their best which is different than keeping track of conquests.

The implications for recovery are significant. Our brains always need challenge. Recovery requires we determine what our best abilities are. Then we commit to being the best we can be. Then the measures will be of how true we are being to ourselves. We can also track our success as recovering people. Days of sobriety turn into months, and months turn into years. We notice the quality of our lives has improved. Sex is about meeting needs and not escaping reality in obsession.

Has scorekeeping been part of your sex addiction? What are your unique abilities and how do you know when you are using them well? How many days of recovery do you have now? What does that mean for you?

My reactions to today's queries:

Date _____

Momentum

dayTHIRTY-FOUR

“When inspiration does not come to me, I go halfway to meet it.” – Sigmund Freud

Picture yourself at the top of a hill with a large rock. If the rock accidentally starts to roll down the hill, it is easy to stop if you can grab it within the first few feet. If you were standing half way down the hill, by that time the momentum of the rock would make it very hard to stop. If standing at the bottom you would intercept the rock at great peril. This imagery around momentum presents a way to talk both about both relapse and recovery.

Momentum is a product of mass and velocity. Rolling down the hill, gravity supplies the pull. The weight of the stone adds to the velocity. In relapse, if there is balance in your life and you are at your best, the stone stays put. If there is imbalance, and the stone starts to roll, it is best to stop it at the top. Once it has momentum, addiction relapse picks up power on its own. Progressively, it is harder to stop.

Momentum can work for your recovery as well. Think of your experience with a bicycle. When you first start out, the initial pedaling is a challenge. As you build speed, especially if you have gears on the bike, it progressively becomes easier to maintain speed as well as accelerate. It is not without effort, but momentum helps you. So it is with recovery. Starting requires much more effort. The initial steps can be agonizing. But as momentum builds, it becomes easier. And you make progress dramatically faster. Know then that these beginning tasks are a challenge. You can trust, however, that momentum will start to pull you along. Some call this grace.

Notice that you still have to maintain balance. After a while you will not have to think about the balance. Your brain will incorporate the competence, so you will not be distracted from the purpose of your ride. The concerns of early recovery also disappear, so that your focus can be on the larger purposes of using the program for a better life. You will trust your ability to stay level at any speed your energy can bring.

In the Big Book of Alcoholics Anonymous, Bill W. relates that, for some, the initial steps were daunting. Some are reported to have resisted, saying, “It is too great a task.” Enough of us have shown that momentum does come, which is part of each of our stories.

Reflect today in how to bring momentum into your recovery. Be patient with the energy it takes to start. Trust that the energy will build and the support of those around you will be the wind at your back. Remember to act quickly if you lose your balance, for then momentum may work against you.

My reactions to today’s queries:

Date _____

Deprivation

dayTHIRTY-FIVE

“Although the world is full of suffering, it is also full of overcoming it.” – Helen Keller

When addiction is present, deprivation is often the silent partner. In eating disorders, compulsive eating is accompanied by food anorexia. Sometimes an addict will have both, which is called bulimia. Sex addicts will have periods of sexual anorexia. And some of us have both simultaneously. We addicts will mix and match the extremes. Thus, working extreme hours with no break and no rewards will justify the sex addict acting out. When someone slips, the twelve-step group always asks, what are you doing to take care of yourself? The person who slips may not feel deserving of any care yet nurturing yourself in safe and caring ways takes the desperation out of obsession.

**Deprivation is not just
avoiding pleasure, as in food
or sex. It becomes an
existential position in life.**

Deprivation is more subtle than addiction.

It is not characterized by crisis. No one else is hurt by going without. Seldom does a marriage hinge on disciplining yourself. Nor does it bring arrest. Yet, deprivation corrodes the soul with the toxicity of shame. The shame erodes hope and joy. Like addiction, deprivation uses obsession to put order in the world. The world, however, notices it less.

The clergyman, Dr. James Dobson, uses the analogy of placing a frog in hot water. Immediately, the frog senses the temperature and leaps out of the water. Place the frog in room temperature water. Then gently heat the water, and the frog will not notice until it is too hot. The frog is too weak to jump. Deprivation is like that. You become acclimated to a lack of nurturing. Your tolerance for abuse and minimal reward grows. You lose heart to try to make it better. So you accept less than you deserve all the time. Your expectations of others fall below what a healthy person would expect. Deprivation is not just avoiding pleasure, as in food or sex. It becomes an existential position in life. And being deprived makes addiction look very good and deserved.

What are you doing to care for yourself? Are you allowing other people to do nice things for you? Can you accept nurturing? Ask for it? Remember healthy sexuality starts with the ability to accept nurturing from others and to create nurturing experiences for yourself. No sex plan works if you ignore meeting your needs in general. Today be mindful of a way to be kind and gentle with yourself.

My reactions to today's queries:

Date _____

Confusion Endurance

dayTHIRTY-SIX

“When the solution is simple, God is answering.” – Albert Einstein

Social psychologists use the term “paradigm shift” to describe a person who has moved to a whole new level of understanding. A set of insights so powerful has occurred that every belief a person has is shattered or altered. A paradigm is the lens of your belief system. When you look at the world, your beliefs help you make meaning of every thing large and small. When your beliefs and assumptions change, your vision also changes. Usually this process takes eighteen months to three years. The brain needs time to sort through what you believe now to be true. When cultures experience a paradigm shift it may take decades.

A paradigm shift involves being confused as old ideas fade in the light of new evidence. Researchers believe the more confusion, the better the prospects of profound change and growth. The confusion stimulates the brain’s growth. Thus, people who evolve to a more complex understanding only make that progress by being able to endure confusion. They are secure enough that they do not rush to have everything in order. They tolerate the anxiety of not having it all figured out. If they can do this, maximum growth occurs.

Recovery represents a paradigm shift on a massive scale. Every belief we have is tested. Sexual addiction is particularly difficult because beliefs about sex, gender, family, and intimacy are central to change. Our core beliefs about our own worth, our own sexuality, and our needs are also challenged.

Unfortunately, we do not have time for the process to be understood. Recovering people need to make immediate changes in their behavior or they may lose jobs, destroy marriages and partnerships, or run the risk of arrest or deadly disease. This shift is akin to turning a large ship like an oil tanker which usually takes many miles to change direction. Recovery and treatment would be like turning the tanker around within its own length, the change often has to be so abrupt. It takes years to integrate what the change means. Thus, the recovering person has to change the behavior and endure confusion about why the changes are necessary.

The newly minted recovering person is told about “acting as if”, “trusting the process”, and “letting go and letting God.” All of which are accurate, but hard to accept if you mind being confused. How willing are you to let go, act as if, and trust knowing that the growth will be deeper and more profound? Reflect today on your willingness to endure confusion while waiting for the answers to appear.

My reactions to today’s queries:

Date _____

Impeccable Word

dayTHIRTY-SEVEN

"Encouragement is oxygen to the soul." – Harvey Mackay

Don Miguel Ruiz in his book, *The Four Agreements*, teaches the importance of keeping our word impeccable. To achieve this way of living, we must not indulge in toxic talk about others. This boundary means more than avoiding gossip. In twelve-step terms, we also avoid "taking the inventory of another." We have enough to do with our own inventories, to indulge in speculation and judgment about the internal world of others. We step out of the world of triangulation, back-biting, and one-upmanship. Respect of others, humility about our own struggles, and taking responsibility to communicate directly guide our efforts.

Keeping our word impeccable also means extending the same kindness, integrity, and respect to ourselves. To use toxic talk in sharing our own histories is simply another way to punish ourselves. We must share the facts and the feelings accurately and completely. When we add judgmental words such as "stupid" or "worthless," we are being hard on ourselves which erodes the very self-esteem we need to rebuild. In addition, it signifies that we have not accepted our addiction as a disease, nor have we the essential compassion we need for ourselves.

Toxic talk supports the addictive process. It deflects attention from the addict's behavior by creating turmoil in relationships. Along with secrecy and deception, blame and judgment of others distorts any possibility of being accountable. Yet, the lens that judges others works inward as well. Self-blame adds to our self hatred. The "attack on the self" supports acting out to ease the self-wounding.

For today, reflect on ways your word has been corrosive to self and to others. Notice your language. When you are self-critical, where did you first hear such criticisms? Where do toxic voices come from for you? Query your addict about toxic talk and ask for examples.

Toxic talk supports the
addictive process. It deflects
attention from the addict's
behavior by creating
turmoil in relationships.

My reactions to today's queries:

Date _____

Gratitude

dayTHIRTY-EIGHT

“Growth is an erratic forward movement; two steps forward, one step back. Remember that, and be very gentle with yourself.” – Julie Cameron

We hear addicts often say that if it were not for this program, they would be dead. When we think of all the ways that sex addicts die, we can believe them. Suicide, car accidents, AIDS, sexually transmitted diseases, and a host of stress-related maladies haunt most of our stories. Plus, we should

**We appreciate all that we
now know and our new
skills to conduct our
lives differently.**

remember the host of problems of unmanageability that plague our stories. For example, lost businesses, divorces, financial ruin, estranged children, and chronic diseases emerge with stunning impact.

Anyone who has survived a life-threatening illness has profound gratitude. When we contemplate how bad things could have become, gratitude has to be

one of our deepest responses. We are grateful for the moment when the truth about us came out, for the people who helped us, and the people who continue to help us. We appreciate all that we now know and our new skills to conduct our lives differently. Most of all we appreciate each day that we are given that we are not in the nightmare.

Gratitude is a principle factor in resilience, which is the key ability to turn bad experiences into good. Resilience is the essence of recovery. We turn our losses into learning. The twelve steps are a grieving process which teaches us about suffering and loss. Gratitude is the critical ability to appreciate what we have gotten from our loss experiences. Everyone experiences terrible times in their life. Yet, we discover that new doors open, tremendous lessons are learned, and that pain has taught us our most valued lessons. In short, our problems are our best teachers. If we are open to the lessons we will have resilience. Our resulting recovery fills us with gratitude.

Today reflect on earlier times which seemed desperate but turned into major turning points of your life. When have you said to yourself, “It was painful, but good that it happened.” Can you apply that experience to your recovery today? What can you point to in your recovery thus far that you are grateful for? What can you be grateful for in the events of today?

My reactions to today's queries:

Date _____

Well Enough

dayTHIRTY-NINE

"If the ladder is not leaning against the right wall, every step we take just gets us to the wrong place faster." – Stephen Covey

Mental health professionals use the phrase "well enough to get by." The phrase describes people who really need help, but they cope well enough that they have no motivation to go through the therapy necessary to make it better. In addiction recovery, we use the phrase "dry drunk" to describe someone who is sober, but has all the denial and behavior of an active addict. Again, no motivation exists to do the deeper work. "Cunning and baffling" is a phrase used to describe how addiction has subtle and unexpected ways to deceive oneself. One of the common traps of self-deception is to make sufficient progress so that unmanageability subsides, the problems are handled, and loved ones feel the tide has turned. A more careful addict emerges who has confidence that a low level of acting out, or a different form of behavior, could be managed.

The language of recovery, however, describes a deeper commitment. The early twelve-step members discovered that half-hearted attempts did not work. Bill W.'s famous observation that if an alcoholic still protected even a small part of the problem, the solution would not come. He coined the famous phrase of going to any lengths to get to the solution. He told of how an early member went to meetings for awhile and figured he had it licked. He dropped out of meetings only to return later in worse shape than when he had started. Addicts of all varieties have learned the truth of tying to negotiate an easier, softer way.

"Half-measures availed us nothing," is the phrase that most completely captures the whole-hearted commitment necessary to make recovery work. Bill W. provided us with a language for this profound change of heart. For sure, this does not include getting well enough to just get by or to take the pressure off. What only seems to work is a complete change of life. Reflect today on any half-hearted attempts in your recovery. Are there any secret accommodations you are contemplating to make recovery easier and softer? How might you be deluding yourself about how deep the changes in your life have to be?

My reactions to today's queries:

Date _____

To Stay or Go

dayFORTY

“To achieve excellence, we must first understand the reality of the every day, with all its demands and potential frustrations.” – Mihaly Csikszentmihalyi

Frequently, addicts find themselves thinking about whether their current relationship can be salvaged. Usually, the wounding of the partner is quite deep and the partner's fear, reactions, and behavior can be punitive. To complicate matters, there are questions of compatibility, children, and the partner's willingness to do therapy. Statements are made of how unresponsive sexually the partner has been, how early they may have gotten married, and how much better, easier, or more sexual it was being with the latest lover.

Embedded in this scenario is a lesson for all recovering sex addicts, whether in a current relationship or not. The path to healthy intimacy starts with the question, “What is it like to be with me?” It is seductive to be with others who are not your primary relationship. It looks and feels better with others. What addicts fail to recognize is the pattern of intimacy failure from which they seek a “relationship cure” by changing the geography of their relationships: The situation remains the same even in the new location.

For example, when the issue is raised that the partner was sexually unresponsive, the better questions to ask are, “What part do I personally have in that lack of response?” or, “What have I done to make things sexually interesting for my partner?” Most sex addicts learn that the problems in the relationships belong to them. Surely the partner contributes to the mix. Yet, addicts repeat the same relationship errors over and over again.

Change first your behavior, then evaluate the relationship. Remember there are two choices here. First, is the decision to be in a committed relationship and to accept the inevitable struggle that intimate life brings. The second choice is who the partner is. Then you can ask, “Can I be most myself in this relationship and still be true to my partner?”

Al-Anon advises addicts to make no major changes in the first year. The wisdom of that maxim is that you have to really have solid recovery in order to resolve these questions. Reflecting on our contributions to intimacy failure is critical to progress. Reflect today on how it has been for people to be with you. What have you contributed to the malaise of your relationships? To what degree have you justified your behavior by building “a case against your partner”?

My reactions to today's queries:

Date _____

Core Dialogues Introduction

In order to understand the dialogic process that we will be asking you to do, we must first start with the nature of secrecy. All addicts have a part of themselves that no one knows. This is hidden because the nature of addiction is to hide the excess and the consequences. Therapists call this a “split” in the personality structure. Sometimes it must have felt to you as if there was a “real” you and another you – the one who would step in and take over in ways that the real you did not want. This is the origin of the concept of the addict “driving your bus” – a phrase used in addiction circles to convey that you are not in charge of your own life. Perhaps one of the most eloquent descriptions of this experience is Robert Louis Stevenson’s *Dr. Jekyll and Mr. Hyde*. Stevenson was making an early effort to describe alcoholism and compulsive sex, but he was, in effect, describing all addicts.

Professionals have used the term “addictive personality shift” to describe the movement into being unlike yourself. Psychotherapy, in general, has long been aware of “sub-personalities” that we all seem to have to some degree. When we become more “compartmentalized,” we become more vulnerable to addictive disorders. Trauma

plays a unique role in compartmentalization. A child learns early to compartmentalize so he does not have to be present for abuse or to tolerate the loneliness and despair of neglect. Family therapists have long noticed how we “internalize” our family of origin. That means we have constellation of reactions we have depending on the circumstances. This is why you may feel your family does not really know you or that you cannot be yourself within your family.

In sex addiction and sexual anorexia, we have many of these factors. We have the secrecy and compartmentalization. We have trauma experiences in which addicts learn to “dissociate” from unpleasant experiences. Or trauma history exists in which intense feelings have now become intolerable. The end result is that one of the hallmarks of a sex addict is a secret life in which the addict retreats to some separate reality in order to survive. The problem is that the addict is filled with contradictions. Their behavior does not match their values or even intentions. What the public sees as real is not real. Addicts have a dark or shadow side of themselves in which they may reside. Yet, even they seldom know all the dynamics of what they do. We must start with the reality that addicts have secret lives.

Recovery involves a significant integration with the dark and, at times, unconscious self. Divided against oneself becomes an existential position of weakness. Healing the breaches stimulates power and growth. Alcoholics Anonymous knew this fundamental truth, which is why the twelve steps have been so effectively used for so many other addictions. The paths out of various addictions remain the same.

The “core dialogues” are a method of integration. Like the dialogues of Socrates and Plato, these dialogues are a search for truth. However, these dialogues are with oneself and the truth we seek is about what has been driving your addiction. The process is deceptively simple. Each day we provide you with a series of questions – some days a few and some days many. You pose these questions to your addict as if you are having a conversation, only in this imaginary conversation, you record what is said. Some days the addict may be brief. But other days will be overwhelming in terms of what can be shown to you. This begins an introspective discipline for you to start thinking about

**The dialogues with your
addict are a metaphor
to help you access
your own wisdom.**

what you really are doing. It also provides important information for your therapy. This strategy is not about logic. In fact, it may feel artificial and uncomfortable at first. You have to experience it to realize why so many addicts have found this a short cut to doing what they must to recover.

The effectiveness is in the metaphor. Remember that addiction is not about logic or memory. Otherwise your brain would not have been hijacked. Metaphors help us to access ourselves in ways that more direct approaches cannot do. A good example is a fantasy the author uses when trying to attack a problem. I convene all the therapists I have ever had in a panel. In my imagination I address the panel and present to them the problem I am facing. I can often predict what they will say. Always there are unexpected responses that are extremely helpful. Often there are great solutions I have never thought of. Yet, I know that all my therapists are not present. So where are these good answers coming from? The answer is me. I had the solutions, but no way to access them. The dialogues with your addict are a metaphor to help you access your own wisdom.

When you write down the conversation you are having with your addict, record what comes to mind no matter how crazy or silly it seems. In time, you will recognize helpful responses. It could go something like this:

You: When did you start?

Addict: Surely you remember!

You: I have no idea. It seems like I always did this.

Addict: I will help you. It started the day he threw you out.

You: That day?

Addict: What was the first thing you did? You had some of his porn that you stole. You found a place to masturbate in the bushes. You did not even have a home yet, but you were off in the weeds. You and I have never stopped since.

You: I had forgotten about that.

Addict: I haven't. And I won't stop until you remember why he threw you out.

You: He threw me out because I mouthed off to him.

Addict: He threw you out because you said the truth! He could not bear having you be strong. So he did the one thing that would weaken you – to make you survive in doubt without any nurturing. His fear was stronger than his love.

You: I do not believe there ever was any love.

Addict: Boy, you do not get any of this, do you? He loved you deeply.

He had no capacity to let you know how much – or his pain at having to sacrifice you.

You: I do not get the sacrifice part – or even the love part.

Addict: So let's take them one at a time . . .

Your addict will have a specific attitude and style. Your job is to get to a point where you are having this conversation without thinking. The less deliberate, the better the process works. This literally is a form of journaling. While difficult at times, consistent effort almost always reveals significant and, at times, startling information.

The dialogue questions are called queries or "CDQs". They are arranged in a specific order organized around four phases. Phase one is about understanding your illness. Two is about building an alliance with your illness. This partnering is critical to regaining your power. The third phase is about sexual integration. The final phase is designed to support your recovery planning process and

to prepare you for the second part of this program. As in the meditations, do not forget to date these conversations.

In addition to doing your CDQs in order, we ask that you do them at night as you prepare for sleep. Sometimes, well-stated issues studied before sleep can create greater clarity the next morning. Further, dreams and night images can add depth to the process. All of this work then provides important insight to your treatment. You will often find yourself sharing CDQs in therapy and your support groups. The additional bonus is you will discover a deeper focus to assist you in completing the performables that are core to the seven tasks.

In addition, you will be monitoring your daily withdrawal and recovery dimensions on the daily progress charts, which are on the back of each CDQ. These charts are designed to help you track your progress plus capture information. See additional instructions at the top of each chart.

Core Dialogue Query Set No. ____ Topic: **Denial**

Date: _____ Day: **I** of First Forty Days

QUERIES: How did you come to be? Why did you start? Who helped you? What have I not wanted to face about you being in my life?

DIALOGUE:

Daily Progress Chart

The goal is to reach forty days of consecutive sobriety. Each day, record the date, and then rate the day on each of the scales. Place a check to indicate whether you have completed a CDQ and a forty-day meditation. Record anything of significance, including events and dreams. Turn it in to your therapist. You will receive it back in forty-eight days. Chart your progress on your forty-day progress chart by totaling up your withdrawal score and your recovery score.

Day Number _____ Date _____ Days of Sobriety _____ CDQ _____ Meditation _____

Withdrawal Dimension

1. Preoccupation/Obsession
2. Irritability
3. Anxiety
4. Sleep Disturbance
5. Sadness

None → Constant

0	1	2	3	4	5
0	1	2	3	4	5
0	1	2	3	4	5
0	1	2	3	4	5
0	1	2	3	4	5

Recovery Dimension

1. Peer Support
2. Staff Connection
3. Self Care
4. Honesty
5. Program Practice

None → Constant

0	1	2	3	4	5
0	1	2	3	4	5
0	1	2	3	4	5
0	1	2	3	4	5
0	1	2	3	4	5

Withdrawal Score (add 1 – 5): _____

Recovery Score (add 1 – 5): _____

Any physical problems noticed today:

Important events, dreams, breakthroughs today:

Least useful behavior today:

Most helpful or most connected person today:

Core Dialogue Query Set No. ____ Topic: **Relationships**

Date: _____ Day: **2** of First Forty Days

QUERIES:

Who in my family has most affected you? Is there anyone who benefits from my addiction?

DIALOGUE:

Daily Progress Chart

The goal is to reach forty days of consecutive sobriety. Each day, record the date, and then rate the day on each of the scales. Place a check to indicate whether you have completed a CDQ and a forty-day meditation. Record anything of significance, including events and dreams. Turn it in to your therapist. You will receive it back in forty-eight days. Chart your progress on your forty-day progress chart by totaling up your withdrawal score and your recovery score.

Day Number _____ Date _____ Days of Sobriety _____ CDQ _____ Meditation _____

Withdrawal Dimension	None	→	Constant	Recovery Dimension	None	→	Constant
1. Preoccupation/Obsession	0	1	2 3 4 5	1. Peer Support	0	1	2 3 4 5
2. Irritability	0	1	2 3 4 5	2. Staff Connection	0	1	2 3 4 5
3. Anxiety	0	1	2 3 4 5	3. Self Care	0	1	2 3 4 5
4. Sleep Disturbance	0	1	2 3 4 5	4. Honesty	0	1	2 3 4 5
5. Sadness	0	1	2 3 4 5	5. Program Practice	0	1	2 3 4 5

Withdrawal Score (add 1 – 5): _____

Recovery Score (add 1 – 5): _____

Any physical problems noticed today:

Least useful behavior today:

Important events, dreams, breakthroughs today:

Most helpful or most connected person today:

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Core Dialogue Query Set No. ____ Topic: **Patterns**

Date: _____ Day: **3** of First Forty Days

QUERIES:

What do I not understand about you? Is there some lesson you are trying to teach me?

DIALOGUE:

Daily Progress Chart

The goal is to reach forty days of consecutive sobriety. Each day, record the date, and then rate the day on each of the scales. Place a check to indicate whether you have completed a CDQ and a forty-day meditation. Record anything of significance, including events and dreams. Turn it in to your therapist. You will receive it back in forty-eight days. Chart your progress on your forty-day progress chart by totaling up your withdrawal score and your recovery score.

Day Number _____ Date _____ Days of Sobriety _____ CDQ _____ Meditation _____

Withdrawal Dimension	None	→	Constant	Recovery Dimension	None	→	Constant
1. Preoccupation/Obsession	0	1	2 3 4 5	1. Peer Support	0	1	2 3 4 5
2. Irritability	0	1	2 3 4 5	2. Staff Connection	0	1	2 3 4 5
3. Anxiety	0	1	2 3 4 5	3. Self Care	0	1	2 3 4 5
4. Sleep Disturbance	0	1	2 3 4 5	4. Honesty	0	1	2 3 4 5
5. Sadness	0	1	2 3 4 5	5. Program Practice	0	1	2 3 4 5

Withdrawal Score (add 1 – 5): _____

Recovery Score (add 1 – 5): _____

Any physical problems noticed today:

Least useful behavior today:

Important events, dreams, breakthroughs today:

Most helpful or most connected person today:

Core Dialogue Query Set No. ____ Topic: **Relapse**

Date: _____ Day: **4** of First Forty Days

QUERIES:

What are the most effective ways you distract me from my resolves? How do you get me back in my cycle?

DIALOGUE:

Daily Progress Chart

The goal is to reach forty days of consecutive sobriety. Each day, record the date, and then rate the day on each of the scales. Place a check to indicate whether you have completed a CDQ and a forty-day meditation. Record anything of significance, including events and dreams. Turn it in to your therapist. You will receive it back in forty-eight days. Chart your progress on your forty-day progress chart by totaling up your withdrawal score and your recovery score.

Day Number _____ Date _____ Days of Sobriety _____ CDQ _____ Meditation _____

Withdrawal Dimension	None	→	Constant	Recovery Dimension	None	→	Constant
1. Preoccupation/Obsession	0	1	2 3 4 5	1. Peer Support	0	1	2 3 4 5
2. Irritability	0	1	2 3 4 5	2. Staff Connection	0	1	2 3 4 5
3. Anxiety	0	1	2 3 4 5	3. Self Care	0	1	2 3 4 5
4. Sleep Disturbance	0	1	2 3 4 5	4. Honesty	0	1	2 3 4 5
5. Sadness	0	1	2 3 4 5	5. Program Practice	0	1	2 3 4 5

Withdrawal Score (add 1 – 5): _____

Recovery Score (add 1 – 5): _____

Any physical problems noticed today:

Important events, dreams, breakthroughs today:

Least useful behavior today:

Most helpful or most connected person today:

Core Dialogue Query Set No. ____ Topic: **Multiple Addictions**

Date: _____ Day: **5** of First Forty Days

QUERIES:

If I stop my sexual acting out, what other ways might you appear? Where am I vulnerable? Are there other forms in which you currently appear that I am not facing?

DIALOGUE:

Daily Progress Chart

The goal is to reach forty days of consecutive sobriety. Each day, record the date, and then rate the day on each of the scales. Place a check to indicate whether you have completed a CDQ and a forty-day meditation. Record anything of significance, including events and dreams. Turn it in to your therapist. You will receive it back in forty-eight days. Chart your progress on your forty-day progress chart by totaling up your withdrawal score and your recovery score.

Day Number _____ Date _____ Days of Sobriety _____ CDQ _____ Meditation _____

Withdrawal Dimension	None	→	Constant	Recovery Dimension	None	→	Constant
1. Preoccupation/Obsession	0	1	2 3 4 5	1. Peer Support	0	1	2 3 4 5
2. Irritability	0	1	2 3 4 5	2. Staff Connection	0	1	2 3 4 5
3. Anxiety	0	1	2 3 4 5	3. Self Care	0	1	2 3 4 5
4. Sleep Disturbance	0	1	2 3 4 5	4. Honesty	0	1	2 3 4 5
5. Sadness	0	1	2 3 4 5	5. Program Practice	0	1	2 3 4 5

Withdrawal Score (add 1 – 5): _____

Recovery Score (add 1 – 5): _____

Any physical problems noticed today:

Important events, dreams, breakthroughs today:

Least useful behavior today:

Most helpful or most connected person today:

Core Dialogue Query Set No. ____ Topic: **Unresolved Issues**

Date: _____ Day: **6** of First Forty Days

QUERIES:

Addictions are about emotional wounds. What wounding drives you? Are there signals you send that I miss? What pain of mine are you masking?

DIALOGUE:

Daily Progress Chart

The goal is to reach forty days of consecutive sobriety. Each day, record the date, and then rate the day on each of the scales. Place a check to indicate whether you have completed a CDQ and a forty-day meditation. Record anything of significance, including events and dreams. Turn it in to your therapist. You will receive it back in forty-eight days. Chart your progress on your forty-day progress chart by totaling up your withdrawal score and your recovery score.

Day Number _____ Date _____ Days of Sobriety _____ CDQ _____ Meditation _____

Withdrawal Dimension	None	→	Constant	Recovery Dimension	None	→	Constant
1. Preoccupation/Obsession	0	1	2 3 4 5	1. Peer Support	0	1	2 3 4 5
2. Irritability	0	1	2 3 4 5	2. Staff Connection	0	1	2 3 4 5
3. Anxiety	0	1	2 3 4 5	3. Self Care	0	1	2 3 4 5
4. Sleep Disturbance	0	1	2 3 4 5	4. Honesty	0	1	2 3 4 5
5. Sadness	0	1	2 3 4 5	5. Program Practice	0	1	2 3 4 5

Withdrawal Score (add 1 – 5): _____

Recovery Score (add 1 – 5): _____

Any physical problems noticed today:

Important events, dreams, breakthroughs today:

Least useful behavior today:

Most helpful or most connected person today:

Core Dialogue Query Set No. ____ Topic: **Tolerance**

Date: _____ Day: **7** of First Forty Days

QUERIES:

What feelings of mine empower you the most? How do you use those feelings to start the process again? Are these specific feelings which make me the most vulnerable? Why do they have so much power?

DIALOGUE:

Daily Progress Chart

The goal is to reach forty days of consecutive sobriety. Each day, record the date, and then rate the day on each of the scales. Place a check to indicate whether you have completed a CDQ and a forty-day meditation. Record anything of significance, including events and dreams. Turn it in to your therapist. You will receive it back in forty-eight days. Chart your progress on your forty-day progress chart by totaling up your withdrawal score and your recovery score.

Day Number _____ Date _____ Days of Sobriety _____ CDQ _____ Meditation _____

Withdrawal Dimension	None	→	Constant	Recovery Dimension	None	→	Constant
1. Preoccupation/Obsession	0	1	2 3 4 5	1. Peer Support	0	1	2 3 4 5
2. Irritability	0	1	2 3 4 5	2. Staff Connection	0	1	2 3 4 5
3. Anxiety	0	1	2 3 4 5	3. Self Care	0	1	2 3 4 5
4. Sleep Disturbance	0	1	2 3 4 5	4. Honesty	0	1	2 3 4 5
5. Sadness	0	1	2 3 4 5	5. Program Practice	0	1	2 3 4 5

Withdrawal Score (add 1 – 5): _____

Recovery Score (add 1 – 5): _____

Any physical problems noticed today:

Least useful behavior today:

Important events, dreams, breakthroughs today:

Most helpful or most connected person today:

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Week One Query Summary

Each week it helps to review your CDQ progress because so many of the insights are cumulative. The CDQs are organized into ten key areas of recovery. They are listed below in a box in which you can record your learnings from the week. Only use the boxes that fit your week's work.

Your therapist may request that you report your progress each week.

Denial:

Relationships:

Life patterns:

Relapse:

Multiple addictions:

Unresolved issues:

My ability to have feelings:

My ability to commit:

Role of crisis in my life:

Ways I self-sabotage:

Week One

Withdrawal & Recovery Dimensions

Your therapist may request to see your daily ratings for the week.
By recording them, you and your therapist can track where the problem area may be.

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Withdrawal Dimensions:							
Preoccupation/Obsession							
Irritability							
Anxiety							
Sleep Disturbance							
Sadness							
Recovery Dimensions:							
Peer Support							
Staff Connection							
Self Care							
Honesty							
Program Practice							

* Remember to also record your total scores on the Forty-Day Progress Chart
at the end of the CDQ worksheets.

Core Dialogue Query Set No. ____ Topic: **Commitment**

Date: _____ Day: **8** of First Forty Days

QUERIES:

When did I make you more important than my life? Remind me of what it was like then.

DIALOGUE:

Daily Progress Chart

The goal is to reach forty days of consecutive sobriety. Each day, record the date, and then rate the day on each of the scales. Place a check to indicate whether you have completed a CDQ and a forty-day meditation. Record anything of significance, including events and dreams. Turn it in to your therapist. You will receive it back in forty-eight days. Chart your progress on your forty-day progress chart by totaling up your withdrawal score and your recovery score.

Day Number _____ Date _____ Days of Sobriety _____ CDQ _____ Meditation _____

Withdrawal Dimension	None	→	Constant	Recovery Dimension	None	→	Constant
1. Preoccupation/Obsession	0	1	2 3 4 5	1. Peer Support	0	1	2 3 4 5
2. Irritability	0	1	2 3 4 5	2. Staff Connection	0	1	2 3 4 5
3. Anxiety	0	1	2 3 4 5	3. Self Care	0	1	2 3 4 5
4. Sleep Disturbance	0	1	2 3 4 5	4. Honesty	0	1	2 3 4 5
5. Sadness	0	1	2 3 4 5	5. Program Practice	0	1	2 3 4 5

Withdrawal Score (add 1 – 5): _____

Recovery Score (add 1 – 5): _____

Any physical problems noticed today:

Least useful behavior today:

Important events, dreams, breakthroughs today:

Most helpful or most connected person today:

Core Dialogue Query Set No. ____ Topic: **Crises**

Date: _____ Day: **9** of First Forty Days

QUERIES:

The events and crises that brought me to recovery were incredibly painful. What can you tell me from your perspective about them? Have I missed anything important in those events that is significant to my recovery?

DIALOGUE:

Daily Progress Chart

The goal is to reach forty days of consecutive sobriety. Each day, record the date, and then rate the day on each of the scales. Place a check to indicate whether you have completed a CDQ and a forty-day meditation. Record anything of significance, including events and dreams. Turn it in to your therapist. You will receive it back in forty-eight days. Chart your progress on your forty-day progress chart by totaling up your withdrawal score and your recovery score.

Day Number _____ Date _____ Days of Sobriety _____ CDQ _____ Meditation _____

Withdrawal Dimension	None	→	Constant	Recovery Dimension	None	→	Constant
1. Preoccupation/Obsession	0	1	2 3 4 5	1. Peer Support	0	1	2 3 4 5
2. Irritability	0	1	2 3 4 5	2. Staff Connection	0	1	2 3 4 5
3. Anxiety	0	1	2 3 4 5	3. Self Care	0	1	2 3 4 5
4. Sleep Disturbance	0	1	2 3 4 5	4. Honesty	0	1	2 3 4 5
5. Sadness	0	1	2 3 4 5	5. Program Practice	0	1	2 3 4 5

Withdrawal Score (add 1 – 5): _____

Recovery Score (add 1 – 5): _____

Any physical problems noticed today:

Important events, dreams, breakthroughs today:

Least useful behavior today:

Most helpful or most connected person today:

Core Dialogue Query Set No. ____ Topic: **Self-Sabotage**

Date: _____ Day: **10** of First Forty Days

QUERIES:

If you had the chance to teach me how I sabotage myself, how would you do it? From your perspective, how did I learn to be so self-destructive?

DIALOGUE:

Daily Progress Chart

The goal is to reach forty days of consecutive sobriety. Each day, record the date, and then rate the day on each of the scales. Place a check to indicate whether you have completed a CDQ and a forty-day meditation. Record anything of significance, including events and dreams. Turn it in to your therapist. You will receive it back in forty-eight days. Chart your progress on your forty-day progress chart by totaling up your withdrawal score and your recovery score.

Day Number _____ Date _____ Days of Sobriety _____ CDQ _____ Meditation _____

Withdrawal Dimension

None → Constant

1. Preoccupation/Obsession	0	1	2	3	4	5
2. Irritability	0	1	2	3	4	5
3. Anxiety	0	1	2	3	4	5
4. Sleep Disturbance	0	1	2	3	4	5
5. Sadness	0	1	2	3	4	5

Recovery Dimension

None → Constant

1. Peer Support	0	1	2	3	4	5
2. Staff Connection	0	1	2	3	4	5
3. Self Care	0	1	2	3	4	5
4. Honesty	0	1	2	3	4	5
5. Program Practice	0	1	2	3	4	5

Withdrawal Score (add 1 – 5): _____

Recovery Score (add 1 – 5): _____

Any physical problems noticed today:

Important events, dreams, breakthroughs today:

Least useful behavior today:

Most helpful or most connected person today:

Core Dialogue Query Set No. ____ Topic: **Denial**

Date: _____ Day: **II** of First Forty Days

QUERIES:

If we can make peace, will you help me? Be a guide to me? What would it take to make peace? What realities about myself do I have to accept for us to be allies?

DIALOGUE:

Daily Progress Chart

The goal is to reach forty days of consecutive sobriety. Each day, record the date, and then rate the day on each of the scales. Place a check to indicate whether you have completed a CDQ and a forty-day meditation. Record anything of significance, including events and dreams. Turn it in to your therapist. You will receive it back in forty-eight days. Chart your progress on your forty-day progress chart by totaling up your withdrawal score and your recovery score.

Day Number _____ Date _____ Days of Sobriety _____ CDQ _____ Meditation _____

Withdrawal Dimension	None	→	Constant	Recovery Dimension	None	→	Constant
1. Preoccupation/Obsession	0	1	2 3 4 5	1. Peer Support	0	1	2 3 4 5
2. Irritability	0	1	2 3 4 5	2. Staff Connection	0	1	2 3 4 5
3. Anxiety	0	1	2 3 4 5	3. Self Care	0	1	2 3 4 5
4. Sleep Disturbance	0	1	2 3 4 5	4. Honesty	0	1	2 3 4 5
5. Sadness	0	1	2 3 4 5	5. Program Practice	0	1	2 3 4 5

Withdrawal Score (add 1 – 5): _____

Recovery Score (add 1 – 5): _____

Any physical problems noticed today:

Important events, dreams, breakthroughs today:

Least useful behavior today:

Most helpful or most connected person today:

Core Dialogue Query Set No. ____ Topic: **Relationships**

Date: _____ Day: **12** of First Forty Days

QUERIES:

Addiction is often about failure to bond. What can you tell me about healing my relationships in my family? In my life?

DIALOGUE:

Daily Progress Chart

The goal is to reach forty days of consecutive sobriety. Each day, record the date, and then rate the day on each of the scales. Place a check to indicate whether you have completed a CDQ and a forty-day meditation. Record anything of significance, including events and dreams. Turn it in to your therapist. You will receive it back in forty-eight days. Chart your progress on your forty-day progress chart by totaling up your withdrawal score and your recovery score.

Day Number _____ Date _____ Days of Sobriety _____ CDQ _____ Meditation _____

Withdrawal Dimension

	None	1	2	3	4	5	Constant
1. Preoccupation/Obsession	0	1	2	3	4	5	
2. Irritability	0	1	2	3	4	5	
3. Anxiety	0	1	2	3	4	5	
4. Sleep Disturbance	0	1	2	3	4	5	
5. Sadness	0	1	2	3	4	5	

Withdrawal Score (add 1 – 5): _____

Any physical problems noticed today:

Least useful behavior today:

Recovery Dimension

	None	1	2	3	4	5	Constant
1. Peer Support	0	1	2	3	4	5	
2. Staff Connection	0	1	2	3	4	5	
3. Self Care	0	1	2	3	4	5	
4. Honesty	0	1	2	3	4	5	
5. Program Practice	0	1	2	3	4	5	

Recovery Score (add 1 – 5): _____

Important events, dreams, breakthroughs today:

Most helpful or most connected person today:

Core Dialogue Query Set No. ____ Topic: **Patterns**

Date: _____ Day: **13** of First Forty Days

QUERIES:

To make all this suffering worthwhile, what will I have to do? Are there ways you can help?

DIALOGUE:

Daily Progress Chart

The goal is to reach forty days of consecutive sobriety. Each day, record the date, and then rate the day on each of the scales. Place a check to indicate whether you have completed a CDQ and a forty-day meditation. Record anything of significance, including events and dreams. Turn it in to your therapist. You will receive it back in forty-eight days. Chart your progress on your forty-day progress chart by totaling up your withdrawal score and your recovery score.

Day Number _____ Date _____ Days of Sobriety _____ CDQ _____ Meditation _____

Withdrawal Dimension

	None	1	2	3	4	5	Constant
1. Preoccupation/Obsession	0	1	2	3	4	5	
2. Irritability	0	1	2	3	4	5	
3. Anxiety	0	1	2	3	4	5	
4. Sleep Disturbance	0	1	2	3	4	5	
5. Sadness	0	1	2	3	4	5	

Withdrawal Score (add 1 – 5): _____

Any physical problems noticed today:

Least useful behavior today:

Recovery Dimension

	None	1	2	3	4	5	Constant
1. Peer Support	0	1	2	3	4	5	
2. Staff Connection	0	1	2	3	4	5	
3. Self Care	0	1	2	3	4	5	
4. Honesty	0	1	2	3	4	5	
5. Program Practice	0	1	2	3	4	5	

Recovery Score (add 1 – 5): _____

Important events, dreams, breakthroughs today:

Most helpful or most connected person today:

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Core Dialogue Query Set No. _____ Topic: **Relapse**

Date: _____ Day: **14** of First Forty Days

QUERIES:

If you were to become a healthy part of me, what would you look like? What strengths did you use of mine that I can reclaim?

DIALOGUE:

Daily Progress Chart

The goal is to reach forty days of consecutive sobriety. Each day, record the date, and then rate the day on each of the scales. Place a check to indicate whether you have completed a CDQ and a forty-day meditation. Record anything of significance, including events and dreams. Turn it in to your therapist. You will receive it back in forty-eight days. Chart your progress on your forty-day progress chart by totaling up your withdrawal score and your recovery score.

Day Number _____ Date _____ Days of Sobriety _____ CDQ _____ Meditation _____

Withdrawal Dimension	None	→	Constant	Recovery Dimension	None	→	Constant
1. Preoccupation/Obsession	0	1	2 3 4 5	1. Peer Support	0	1	2 3 4 5
2. Irritability	0	1	2 3 4 5	2. Staff Connection	0	1	2 3 4 5
3. Anxiety	0	1	2 3 4 5	3. Self Care	0	1	2 3 4 5
4. Sleep Disturbance	0	1	2 3 4 5	4. Honesty	0	1	2 3 4 5
5. Sadness	0	1	2 3 4 5	5. Program Practice	0	1	2 3 4 5

Withdrawal Score (add 1 – 5): _____

Recovery Score (add 1 – 5): _____

Any physical problems noticed today:

Important events, dreams, breakthroughs today:

Least useful behavior today:

Most helpful or most connected person today:

Week Two Query Summary

Each week it helps to review your CDQ progress because so many of the insights are cumulative. The CDQs are organized into ten key areas of recovery. They are listed below in a box in which you can record your learnings from the week. Only use the boxes that fit your week's work.

Your therapist may request that you report your progress each week.

Denial:

Relationships:

Life patterns:

Relapse:

Multiple addictions:

Unresolved issues:

My ability to have feelings:

My ability to commit:

Role of crisis in my life:

Ways I self-sabotage:

Week Two

Withdrawal & Recovery Dimensions

Your therapist may request to see your daily ratings for the week.
By recording them, you and your therapist can track where the problem area may be.

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Withdrawal Dimensions:							
Preoccupation/Obsession							
Irritability							
Anxiety							
Sleep Disturbance							
Sadness							
Recovery Dimensions:							
Peer Support							
Staff Connection							
Self Care							
Honesty							
Program Practice							

* Remember to also record your total scores on the Forty-Day Progress Chart
at the end of the CDQ worksheets.

Core Dialogue Query Set No. ____ Topic: **Multiple Addictions**

Date: _____ Day: **15** of First Forty Days

QUERIES:

What would I have to give up to have your help in staying out of extreme living? What must I commit to?

DIALOGUE:

Daily Progress Chart

The goal is to reach forty days of consecutive sobriety. Each day, record the date, and then rate the day on each of the scales. Place a check to indicate whether you have completed a CDQ and a forty-day meditation. Record anything of significance, including events and dreams. Turn it in to your therapist. You will receive it back in forty-eight days. Chart your progress on your forty-day progress chart by totaling up your withdrawal score and your recovery score.

Day Number _____ Date _____ Days of Sobriety _____ CDQ _____ Meditation _____

Withdrawal Dimension	None	→	Constant	Recovery Dimension	None	→	Constant
1. Preoccupation/Obsession	0	1	2 3 4 5	1. Peer Support	0	1	2 3 4 5
2. Irritability	0	1	2 3 4 5	2. Staff Connection	0	1	2 3 4 5
3. Anxiety	0	1	2 3 4 5	3. Self Care	0	1	2 3 4 5
4. Sleep Disturbance	0	1	2 3 4 5	4. Honesty	0	1	2 3 4 5
5. Sadness	0	1	2 3 4 5	5. Program Practice	0	1	2 3 4 5

Withdrawal Score (add 1 – 5): _____

Recovery Score (add 1 – 5): _____

Any physical problems noticed today:

Important events, dreams, breakthroughs today:

Least useful behavior today:

Most helpful or most connected person today:

Core Dialogue Query Set No. ____ Topic: **Unresolved Issues**

Date: _____ Day: **16** of First Forty Days

QUERIES:

What we resist persists. What have I been unwilling to acknowledge or accept that keeps my addiction going? Can you help me with this?

DIALOGUE:

Daily Progress Chart

The goal is to reach forty days of consecutive sobriety. Each day, record the date, and then rate the day on each of the scales. Place a check to indicate whether you have completed a CDQ and a forty-day meditation. Record anything of significance, including events and dreams. Turn it in to your therapist. You will receive it back in forty-eight days. Chart your progress on your forty-day progress chart by totaling up your withdrawal score and your recovery score.

Day Number _____ Date _____ Days of Sobriety _____ CDQ _____ Meditation _____

Withdrawal Dimension

	None	1	2	3	4	5	Constant
1. Preoccupation/Obsession	0	1	2	3	4	5	
2. Irritability	0	1	2	3	4	5	
3. Anxiety	0	1	2	3	4	5	
4. Sleep Disturbance	0	1	2	3	4	5	
5. Sadness	0	1	2	3	4	5	

Withdrawal Score (add 1 – 5): _____

Any physical problems noticed today:

Least useful behavior today:

Recovery Dimension

	None	1	2	3	4	5	Constant
1. Peer Support	0	1	2	3	4	5	
2. Staff Connection	0	1	2	3	4	5	
3. Self Care	0	1	2	3	4	5	
4. Honesty	0	1	2	3	4	5	
5. Program Practice	0	1	2	3	4	5	

Recovery Score (add 1 – 5): _____

Important events, dreams, breakthroughs today:

Most helpful or most connected person today:

Core Dialogue Query Set No. ____ Topic: **Affect Tolerance**

Date: _____ Day: **17** of First Forty Days

QUERIES:

How can I help you when the feelings present are intolerable? What agreements must we make about feelings? What advice do you have about staying with my feelings?

DIALOGUE:

Daily Progress Chart

The goal is to reach forty days of consecutive sobriety. Each day, record the date, and then rate the day on each of the scales. Place a check to indicate whether you have completed a CDQ and a forty-day meditation. Record anything of significance, including events and dreams. Turn it in to your therapist. You will receive it back in forty-eight days. Chart your progress on your forty-day progress chart by totaling up your withdrawal score and your recovery score.

Day Number _____ Date _____ Days of Sobriety _____ CDQ _____ Meditation _____

Withdrawal Dimension	None	→	Constant	Recovery Dimension	None	→	Constant
1. Preoccupation/Obsession	0	1	2 3 4 5	1. Peer Support	0	1	2 3 4 5
2. Irritability	0	1	2 3 4 5	2. Staff Connection	0	1	2 3 4 5
3. Anxiety	0	1	2 3 4 5	3. Self Care	0	1	2 3 4 5
4. Sleep Disturbance	0	1	2 3 4 5	4. Honesty	0	1	2 3 4 5
5. Sadness	0	1	2 3 4 5	5. Program Practice	0	1	2 3 4 5

Withdrawal Score (add 1 – 5): _____

Recovery Score (add 1 – 5): _____

Any physical problems noticed today:

Important events, dreams, breakthroughs today:

Least useful behavior today:

Most helpful or most connected person today:

Core Dialogue Query Set No. ____ Topic: **Commitment**

Date: _____ Day: **18** of First Forty Days

QUERIES:

Are we done yet? How will I know that you and I are out of the addiction and deprivation battlefield?

DIALOGUE:

Daily Progress Chart

The goal is to reach forty days of consecutive sobriety. Each day, record the date, and then rate the day on each of the scales. Place a check to indicate whether you have completed a CDQ and a forty-day meditation. Record anything of significance, including events and dreams. Turn it in to your therapist. You will receive it back in forty-eight days. Chart your progress on your forty-day progress chart by totaling up your withdrawal score and your recovery score.

Day Number _____ Date _____ Days of Sobriety _____ CDQ _____ Meditation _____

Withdrawal Dimension	None	→	Constant	Recovery Dimension	None	→	Constant
1. Preoccupation/Obsession	0	1	2 3 4 5	1. Peer Support	0	1	2 3 4 5
2. Irritability	0	1	2 3 4 5	2. Staff Connection	0	1	2 3 4 5
3. Anxiety	0	1	2 3 4 5	3. Self Care	0	1	2 3 4 5
4. Sleep Disturbance	0	1	2 3 4 5	4. Honesty	0	1	2 3 4 5
5. Sadness	0	1	2 3 4 5	5. Program Practice	0	1	2 3 4 5

Withdrawal Score (add 1 – 5): _____

Recovery Score (add 1 – 5): _____

Any physical problems noticed today:

Important events, dreams, breakthroughs today:

Least useful behavior today:

Most helpful or most connected person today:

Core Dialogue Query Set No. _____ Topic: **Crises**

Date: _____ Day: **19** of First Forty Days

QUERIES:

My life has been filled with anxiety and crises about sex. You were there with me. What did you notice? What purpose did crises serve?

DIALOGUE:

Daily Progress Chart

The goal is to reach forty days of consecutive sobriety. Each day, record the date, and then rate the day on each of the scales. Place a check to indicate whether you have completed a CDQ and a forty-day meditation. Record anything of significance, including events and dreams. Turn it in to your therapist. You will receive it back in forty-eight days. Chart your progress on your forty-day progress chart by totaling up your withdrawal score and your recovery score.

Day Number _____ Date _____ Days of Sobriety _____ CDQ _____ Meditation _____

Withdrawal Dimension

	None	1	2	3	4	5
1. Preoccupation/Obsession	0	1	2	3	4	5
2. Irritability	0	1	2	3	4	5
3. Anxiety	0	1	2	3	4	5
4. Sleep Disturbance	0	1	2	3	4	5
5. Sadness	0	1	2	3	4	5

Withdrawal Score (add 1 – 5): _____

Any physical problems noticed today:

Least useful behavior today:

Recovery Dimension

	None	1	2	3	4	5
1. Peer Support	0	1	2	3	4	5
2. Staff Connection	0	1	2	3	4	5
3. Self Care	0	1	2	3	4	5
4. Honesty	0	1	2	3	4	5
5. Program Practice	0	1	2	3	4	5

Recovery Score (add 1 – 5): _____

Important events, dreams, breakthroughs today:

Most helpful or most connected person today:

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Core Dialogue Query Set No. ____ Topic: **Self-Sabotage**

Date: _____ Day: **20** of First Forty Days

QUERIES:

Can you tell me why I undermine my own efforts and disregard my most important goals? What is your role in making that happen? How can we partner to make significant changes in my patterns?

DIALOGUE:

Daily Progress Chart

The goal is to reach forty days of consecutive sobriety. Each day, record the date, and then rate the day on each of the scales. Place a check to indicate whether you have completed a CDQ and a forty-day meditation. Record anything of significance, including events and dreams. Turn it in to your therapist. You will receive it back in forty-eight days. Chart your progress on your forty-day progress chart by totaling up your withdrawal score and your recovery score.

Day Number _____ Date _____ Days of Sobriety _____ CDQ _____ Meditation _____

Withdrawal Dimension

	None	1	2	3	4	5	Constant
1. Preoccupation/Obsession	0	1	2	3	4	5	
2. Irritability	0	1	2	3	4	5	
3. Anxiety	0	1	2	3	4	5	
4. Sleep Disturbance	0	1	2	3	4	5	
5. Sadness	0	1	2	3	4	5	

Withdrawal Score (add 1 – 5): _____

Any physical problems noticed today:

Least useful behavior today:

Recovery Dimension

	None	1	2	3	4	5	Constant
1. Peer Support	0	1	2	3	4	5	
2. Staff Connection	0	1	2	3	4	5	
3. Self Care	0	1	2	3	4	5	
4. Honesty	0	1	2	3	4	5	
5. Program Practice	0	1	2	3	4	5	

Recovery Score (add 1 – 5): _____

Important events, dreams, breakthroughs today:

Most helpful or most connected person today:

Core Dialogue Query Set No. ____ Topic: **Denial**

Date: _____ Day: **21** of First Forty Days

QUERIES:

What truths about my sexual behavior have I been avoiding? Please list them for me.
By recognizing them, what will I have to admit?

DIALOGUE:

Daily Progress Chart

The goal is to reach forty days of consecutive sobriety. Each day, record the date, and then rate the day on each of the scales. Place a check to indicate whether you have completed a CDQ and a forty-day meditation. Record anything of significance, including events and dreams. Turn it in to your therapist. You will receive it back in forty-eight days. Chart your progress on your forty-day progress chart by totaling up your withdrawal score and your recovery score.

Day Number _____ Date _____ Days of Sobriety _____ CDQ _____ Meditation _____

Withdrawal Dimension

None → Constant

1. Preoccupation/Obsession
2. Irritability
3. Anxiety
4. Sleep Disturbance
5. Sadness

0	1	2	3	4	5
0	1	2	3	4	5
0	1	2	3	4	5
0	1	2	3	4	5
0	1	2	3	4	5

Recovery Dimension

None → Constant

1. Peer Support
2. Staff Connection
3. Self Care
4. Honesty
5. Program Practice

0	1	2	3	4	5
0	1	2	3	4	5
0	1	2	3	4	5
0	1	2	3	4	5
0	1	2	3	4	5

Withdrawal Score (add 1 – 5): _____

Recovery Score (add 1 – 5): _____

Any physical problems noticed today:

Important events, dreams, breakthroughs today:

Least useful behavior today:

Most helpful or most connected person today:

Week Three Query Summary

Each week it helps to review your CDQ progress because so many of the insights are cumulative. The CDQs are organized into ten key areas of recovery. They are listed below in a box in which you can record your learnings from the week. Only use the boxes that fit your week's work.

Your therapist may request that you report your progress each week.

Denial:

Relationships:

Life patterns:

Relapse:

Multiple addictions:

Unresolved issues:

My ability to have feelings:

My ability to commit:

Role of crisis in my life:

Ways I self-sabotage:

Week Three

Withdrawal & Recovery Dimensions

Your therapist may request to see your daily ratings for the week.
By recording them, you and your therapist can track where the problem area may be.

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Withdrawal Dimensions:							
Preoccupation/Obsession							
Irritability							
Anxiety							
Sleep Disturbance							
Sadness							
Recovery Dimensions:							
Peer Support							
Staff Connection							
Self Care							
Honesty							
Program Practice							

* Remember to also record your total scores on the Forty-Day Progress Chart
at the end of the CDQ worksheets.

Core Dialogue Query Set No. ____ Topic: **Relationships**

Date: _____ Day: **22** of First Forty Days

QUERIES:

What can you tell me about my impact on those I love? What scenes from my acting-out history would you remind me of? What suggestions for healing the harm I have caused to others do you have?

DIALOGUE:

Daily Progress Chart

The goal is to reach forty days of consecutive sobriety. Each day, record the date, and then rate the day on each of the scales. Place a check to indicate whether you have completed a CDQ and a forty-day meditation. Record anything of significance, including events and dreams. Turn it in to your therapist. You will receive it back in forty-eight days. Chart your progress on your forty-day progress chart by totaling up your withdrawal score and your recovery score.

Day Number _____ Date _____ Days of Sobriety _____ CDQ _____ Meditation _____

Withdrawal Dimension	None	→	Constant	Recovery Dimension	None	→	Constant
1. Preoccupation/Obsession	0	1	2 3 4 5	1. Peer Support	0	1	2 3 4 5
2. Irritability	0	1	2 3 4 5	2. Staff Connection	0	1	2 3 4 5
3. Anxiety	0	1	2 3 4 5	3. Self Care	0	1	2 3 4 5
4. Sleep Disturbance	0	1	2 3 4 5	4. Honesty	0	1	2 3 4 5
5. Sadness	0	1	2 3 4 5	5. Program Practice	0	1	2 3 4 5

Withdrawal Score (add 1 – 5): _____

Recovery Score (add 1 – 5): _____

Any physical problems noticed today:

Important events, dreams, breakthroughs today:

Least useful behavior today:

Most helpful or most connected person today:

Core Dialogue Query Set No. ____ Topic: **Patterns**

Date: _____ Day: **23** of First Forty Days

QUERIES:

What lessons have I to learn from my sexual experience? How can I expand my sexual horizon without being vulnerable to my old behaviors?

DIALOGUE:

Daily Progress Chart

The goal is to reach forty days of consecutive sobriety. Each day, record the date, and then rate the day on each of the scales. Place a check to indicate whether you have completed a CDQ and a forty-day meditation. Record anything of significance, including events and dreams. Turn it in to your therapist. You will receive it back in forty-eight days. Chart your progress on your forty-day progress chart by totaling up your withdrawal score and your recovery score.

Day Number _____ Date _____ Days of Sobriety _____ CDQ _____ Meditation _____

Withdrawal Dimension	None	→	Constant	Recovery Dimension	None	→	Constant
1. Preoccupation/Obsession	0	1	2 3 4 5	1. Peer Support	0	1	2 3 4 5
2. Irritability	0	1	2 3 4 5	2. Staff Connection	0	1	2 3 4 5
3. Anxiety	0	1	2 3 4 5	3. Self Care	0	1	2 3 4 5
4. Sleep Disturbance	0	1	2 3 4 5	4. Honesty	0	1	2 3 4 5
5. Sadness	0	1	2 3 4 5	5. Program Practice	0	1	2 3 4 5

Withdrawal Score (add 1 – 5): _____

Recovery Score (add 1 – 5): _____

Any physical problems noticed today:

Important events, dreams, breakthroughs today:

Least useful behavior today:

Most helpful or most connected person today:

Core Dialogue Query Set No. ____ Topic: **Relapse**

Date: _____ Day: **24** of First Forty Days

QUERIES:

What parts of my sexual self do I need to reclaim? Are there sexual aspects of myself I have overlooked in my addiction cycles?

DIALOGUE:

Daily Progress Chart

The goal is to reach forty days of consecutive sobriety. Each day, record the date, and then rate the day on each of the scales. Place a check to indicate whether you have completed a CDQ and a forty-day meditation. Record anything of significance, including events and dreams. Turn it in to your therapist. You will receive it back in forty-eight days. Chart your progress on your forty-day progress chart by totaling up your withdrawal score and your recovery score.

Day Number _____ Date _____ Days of Sobriety _____ CDQ _____ Meditation _____

Withdrawal Dimension	None	→	Constant	Recovery Dimension	None	→	Constant
1. Preoccupation/Obsession	0	1	2 3 4 5	1. Peer Support	0	1	2 3 4 5
2. Irritability	0	1	2 3 4 5	2. Staff Connection	0	1	2 3 4 5
3. Anxiety	0	1	2 3 4 5	3. Self Care	0	1	2 3 4 5
4. Sleep Disturbance	0	1	2 3 4 5	4. Honesty	0	1	2 3 4 5
5. Sadness	0	1	2 3 4 5	5. Program Practice	0	1	2 3 4 5

Withdrawal Score (add 1 – 5): _____

Recovery Score (add 1 – 5): _____

Any physical problems noticed today:

Important events, dreams, breakthroughs today:

Least useful behavior today:

Most helpful or most connected person today:

Core Dialogue Query Set No. ____ Topic: **Multiple Addictions**

Date: _____ Day: **25** of First Forty Days

QUERIES:

In what ways have my sexual problems been like other problems in my life, such as food or money? What common patterns exist?

DIALOGUE:

Daily Progress Chart

The goal is to reach forty days of consecutive sobriety. Each day, record the date, and then rate the day on each of the scales. Place a check to indicate whether you have completed a CDQ and a forty-day meditation. Record anything of significance, including events and dreams. Turn it in to your therapist. You will receive it back in forty-eight days. Chart your progress on your forty-day progress chart by totaling up your withdrawal score and your recovery score.

Day Number _____ Date _____ Days of Sobriety _____ CDQ _____ Meditation _____

Withdrawal Dimension

1. Preoccupation/Obsession
2. Irritability
3. Anxiety
4. Sleep Disturbance
5. Sadness

None → Constant

0	1	2	3	4	5
0	1	2	3	4	5
0	1	2	3	4	5
0	1	2	3	4	5
0	1	2	3	4	5

Recovery Dimension

1. Peer Support
2. Staff Connection
3. Self Care
4. Honesty
5. Program Practice

None → Constant

0	1	2	3	4	5
0	1	2	3	4	5
0	1	2	3	4	5
0	1	2	3	4	5
0	1	2	3	4	5

Withdrawal Score (add 1 – 5): _____

Recovery Score (add 1 – 5): _____

Any physical problems noticed today:

Important events, dreams, breakthroughs today:

Least useful behavior today:

Most helpful or most connected person today:

Core Dialogue Query Set No. ____ Topic: **Unresolved Issues**

Date: _____ Day: **26** of First Forty Days

QUERIES:

What do you believe to be true about men? About women? About sex? About relationships? About acting out? Are these beliefs really true? How will you and I know when something sexually-charged is true?

DIALOGUE:

Daily Progress Chart

The goal is to reach forty days of consecutive sobriety. Each day, record the date, and then rate the day on each of the scales. Place a check to indicate whether you have completed a CDQ and a forty-day meditation. Record anything of significance, including events and dreams. Turn it in to your therapist. You will receive it back in forty-eight days. Chart your progress on your forty-day progress chart by totaling up your withdrawal score and your recovery score.

Day Number _____ Date _____ Days of Sobriety _____ CDQ _____ Meditation _____

Withdrawal Dimension	None → Constant						Recovery Dimension	None → Constant					
1. Preoccupation/Obsession	0	1	2	3	4	5	1. Peer Support	0	1	2	3	4	5
2. Irritability	0	1	2	3	4	5	2. Staff Connection	0	1	2	3	4	5
3. Anxiety	0	1	2	3	4	5	3. Self Care	0	1	2	3	4	5
4. Sleep Disturbance	0	1	2	3	4	5	4. Honesty	0	1	2	3	4	5
5. Sadness	0	1	2	3	4	5	5. Program Practice	0	1	2	3	4	5

Withdrawal Score (add 1 – 5): _____

Recovery Score (add 1 – 5): _____

Any physical problems noticed today:

Important events, dreams, breakthroughs today:

Least useful behavior today:

Most helpful or most connected person today:

Core Dialogue Query Set No. ____ Topic: **Affect Tolerance**

Date: _____ Day: **27** of First Forty Days

QUERIES:

How do my feelings affect my sexual behavior? In what ways can we separate out dysfunctional feelings and healthy sex?

DIALOGUE:

Daily Progress Chart

The goal is to reach forty days of consecutive sobriety. Each day, record the date, and then rate the day on each of the scales. Place a check to indicate whether you have completed a CDQ and a forty-day meditation. Record anything of significance, including events and dreams. Turn it in to your therapist. You will receive it back in forty-eight days. Chart your progress on your forty-day progress chart by totaling up your withdrawal score and your recovery score.

Day Number _____ Date _____ Days of Sobriety _____ CDQ _____ Meditation _____

Withdrawal Dimension	None	→	Constant	Recovery Dimension	None	→	Constant
1. Preoccupation/Obsession	0	1	2 3 4 5	1. Peer Support	0	1	2 3 4 5
2. Irritability	0	1	2 3 4 5	2. Staff Connection	0	1	2 3 4 5
3. Anxiety	0	1	2 3 4 5	3. Self Care	0	1	2 3 4 5
4. Sleep Disturbance	0	1	2 3 4 5	4. Honesty	0	1	2 3 4 5
5. Sadness	0	1	2 3 4 5	5. Program Practice	0	1	2 3 4 5

Withdrawal Score (add 1 – 5): _____

Recovery Score (add 1 – 5): _____

Any physical problems noticed today:

Important events, dreams, breakthroughs today:

Least useful behavior today:

Most helpful or most connected person today:

Core Dialogue Query Set No. ____ Topic: **Commitment**

Date: _____ Day: **28** of First Forty Days

QUERIES:

When will I know that I am intact sexually and a healthy, whole person? What will be the moment(s) where I know I have grown to a new sexual maturity?

DIALOGUE:

Daily Progress Chart

The goal is to reach forty days of consecutive sobriety. Each day, record the date, and then rate the day on each of the scales. Place a check to indicate whether you have completed a CDQ and a forty-day meditation. Record anything of significance, including events and dreams. Turn it in to your therapist. You will receive it back in forty-eight days. Chart your progress on your forty-day progress chart by totaling up your withdrawal score and your recovery score.

Day Number _____ Date _____ Days of Sobriety _____ CDQ _____ Meditation _____

Withdrawal Dimension	None	→	Constant	Recovery Dimension	None	→	Constant
1. Preoccupation/Obsession	0		2 3 4 5	1. Peer Support	0		2 3 4 5
2. Irritability	0		2 3 4 5	2. Staff Connection	0		2 3 4 5
3. Anxiety	0		2 3 4 5	3. Self Care	0		2 3 4 5
4. Sleep Disturbance	0		2 3 4 5	4. Honesty	0		2 3 4 5
5. Sadness	0		2 3 4 5	5. Program Practice	0		2 3 4 5

Withdrawal Score (add 1 – 5): _____

Recovery Score (add 1 – 5): _____

Any physical problems noticed today:

Important events, dreams, breakthroughs today:

Least useful behavior today:

Most helpful or most connected person today:

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Week Four Query Summary

Each week it helps to review your CDQ progress because so many of the insights are cumulative. The CDQs are organized into ten key areas of recovery. They are listed below in a box in which you can record your learnings from the week. Only use the boxes that fit your week's work.

Your therapist may request that you report your progress each week.

Denial: <hr/> <hr/> <hr/> <hr/> <hr/>	Relationships: <hr/> <hr/> <hr/> <hr/> <hr/>
Life patterns: <hr/> <hr/> <hr/> <hr/> <hr/>	Relapse: <hr/> <hr/> <hr/> <hr/> <hr/>
Multiple addictions: <hr/> <hr/> <hr/> <hr/> <hr/>	Unresolved issues: <hr/> <hr/> <hr/> <hr/> <hr/>
My ability to have feelings: <hr/> <hr/> <hr/> <hr/> <hr/>	My ability to commit: <hr/> <hr/> <hr/> <hr/> <hr/>
Role of crisis in my life: <hr/> <hr/> <hr/> <hr/> <hr/>	Ways I self-sabotage: <hr/> <hr/> <hr/> <hr/> <hr/>

Week Four

Withdrawal & Recovery Dimensions

Your therapist may request to see your daily ratings for the week.
By recording them, you and your therapist can track where the problem area may be.

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Withdrawal Dimensions:							
Preoccupation/Obsession							
Irritability							
Anxiety							
Sleep Disturbance							
Sadness							
Recovery Dimensions:							
Peer Support							
Staff Connection							
Self Care							
Honesty							
Program Practice							

* Remember to also record your total scores on the Forty-Day Progress Chart
at the end of the CDQ worksheets.

Core Dialogue Query Set No. ____ Topic: **Crises**

Date: _____ Day: **29** of First Forty Days

QUERIES:

I know what sexual crises are. How can I have sexual excitement without crises, danger, or risk? Will it ever be different?

DIALOGUE:

Daily Progress Chart

The goal is to reach forty days of consecutive sobriety. Each day, record the date, and then rate the day on each of the scales. Place a check to indicate whether you have completed a CDQ and a forty-day meditation. Record anything of significance, including events and dreams. Turn it in to your therapist. You will receive it back in forty-eight days. Chart your progress on your forty-day progress chart by totaling up your withdrawal score and your recovery score.

Day Number _____ Date _____ Days of Sobriety _____ CDQ _____ Meditation _____

Withdrawal Dimension	None	→	Constant	Recovery Dimension	None	→	Constant
1. Preoccupation/Obsession	0	1	2 3 4 5	1. Peer Support	0	1	2 3 4 5
2. Irritability	0	1	2 3 4 5	2. Staff Connection	0	1	2 3 4 5
3. Anxiety	0	1	2 3 4 5	3. Self Care	0	1	2 3 4 5
4. Sleep Disturbance	0	1	2 3 4 5	4. Honesty	0	1	2 3 4 5
5. Sadness	0	1	2 3 4 5	5. Program Practice	0	1	2 3 4 5

Withdrawal Score (add 1 – 5): _____

Recovery Score (add 1 – 5): _____

Any physical problems noticed today:

Important events, dreams, breakthroughs today:

Least useful behavior today:

Most helpful or most connected person today:

Core Dialogue Query Set No. ____ Topic: **Self-Sabotage**

Date: _____ Day: **30** of First Forty Days

QUERIES:

How have I set myself up sexually to be hurt, exploited, or abandoned? What have I overlooked, ignored, or disregarded in my sexuality? In what ways have I created hurt, exploitation, or abandonment and not realized the impact of my behavior?

DIALOGUE:

Daily Progress Chart

The goal is to reach forty days of consecutive sobriety. Each day, record the date, and then rate the day on each of the scales. Place a check to indicate whether you have completed a CDQ and a forty-day meditation. Record anything of significance, including events and dreams. Turn it in to your therapist. You will receive it back in forty-eight days. Chart your progress on your forty-day progress chart by totaling up your withdrawal score and your recovery score.

Day Number _____ Date _____ Days of Sobriety _____ CDQ _____ Meditation _____

Withdrawal Dimension	None	→	Constant	Recovery Dimension	None	→	Constant
1. Preoccupation/Obsession	0	1	2 3 4 5	1. Peer Support	0	1	2 3 4 5
2. Irritability	0	1	2 3 4 5	2. Staff Connection	0	1	2 3 4 5
3. Anxiety	0	1	2 3 4 5	3. Self Care	0	1	2 3 4 5
4. Sleep Disturbance	0	1	2 3 4 5	4. Honesty	0	1	2 3 4 5
5. Sadness	0	1	2 3 4 5	5. Program Practice	0	1	2 3 4 5

Withdrawal Score (add 1 – 5): _____

Recovery Score (add 1 – 5): _____

Any physical problems noticed today:

Important events, dreams, breakthroughs today:

Least useful behavior today:

Most helpful or most connected person today:

Core Dialogue Query Set No. ____ Topic: **Denial**

Date: _____ Day: **31** of First Forty Days

QUERIES:

Sexual sobriety is frightening to me for many reasons. What suggestions and encouragement can you give me to help my sobriety? What ironies exist in me even asking you about that?

DIALOGUE:

Daily Progress Chart

The goal is to reach forty days of consecutive sobriety. Each day, record the date, and then rate the day on each of the scales. Place a check to indicate whether you have completed a CDQ and a forty-day meditation. Record anything of significance, including events and dreams. Turn it in to your therapist. You will receive it back in forty-eight days. Chart your progress on your forty-day progress chart by totaling up your withdrawal score and your recovery score.

Day Number _____ Date _____ Days of Sobriety _____ CDQ _____ Meditation _____

Withdrawal Dimension	None	→	Constant	Recovery Dimension	None	→	Constant
1. Preoccupation/Obsession	0	1	2 3 4 5	1. Peer Support	0	1	2 3 4 5
2. Irritability	0	1	2 3 4 5	2. Staff Connection	0	1	2 3 4 5
3. Anxiety	0	1	2 3 4 5	3. Self Care	0	1	2 3 4 5
4. Sleep Disturbance	0	1	2 3 4 5	4. Honesty	0	1	2 3 4 5
5. Sadness	0	1	2 3 4 5	5. Program Practice	0	1	2 3 4 5

Withdrawal Score (add 1 – 5): _____

Recovery Score (add 1 – 5): _____

Any physical problems noticed today:

Important events, dreams, breakthroughs today:

Least useful behavior today:

Most helpful or most connected person today:

Core Dialogue Query Set No. ____ Topic: **Relationships**

Date: _____ Day: **32** of First Forty Days

QUERIES:

I, like other addicts, have relationship deficits. In working the steps and being in the program, what ways can I start making up what I missed? What pitfalls must I watch for?

DIALOGUE:

Daily Progress Chart

The goal is to reach forty days of consecutive sobriety. Each day, record the date, and then rate the day on each of the scales. Place a check to indicate whether you have completed a CDQ and a forty-day meditation. Record anything of significance, including events and dreams. Turn it in to your therapist. You will receive it back in forty-eight days. Chart your progress on your forty-day progress chart by totaling up your withdrawal score and your recovery score.

Day Number _____ Date _____ Days of Sobriety _____ CDQ _____ Meditation _____

Withdrawal Dimension	None	→	Constant	Recovery Dimension	None	→	Constant
1. Preoccupation/Obsession	0		2 3 4 5	1. Peer Support	0		2 3 4 5
2. Irritability	0		2 3 4 5	2. Staff Connection	0		2 3 4 5
3. Anxiety	0		2 3 4 5	3. Self Care	0		2 3 4 5
4. Sleep Disturbance	0		2 3 4 5	4. Honesty	0		2 3 4 5
5. Sadness	0		2 3 4 5	5. Program Practice	0		2 3 4 5

Withdrawal Score (add 1 – 5): _____

Recovery Score (add 1 – 5): _____

Any physical problems noticed today:

Important events, dreams, breakthroughs today:

Least useful behavior today:

Most helpful or most connected person today:

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Core Dialogue Query Set No. ____ Topic: **Patterns**

Date: _____ Day: **33** of First Forty Days

QUERIES:

Given the patterns in my life, what risks might I encounter in my efforts to make a recovery? How do I not repeat my history?

DIALOGUE:

Daily Progress Chart

The goal is to reach forty days of consecutive sobriety. Each day, record the date, and then rate the day on each of the scales. Place a check to indicate whether you have completed a CDQ and a forty-day meditation. Record anything of significance, including events and dreams. Turn it in to your therapist. You will receive it back in forty-eight days. Chart your progress on your forty-day progress chart by totaling up your withdrawal score and your recovery score.

Day Number _____ Date _____ Days of Sobriety _____ CDQ _____ Meditation _____

Withdrawal Dimension	None	→	Constant	Recovery Dimension	None	→	Constant
1. Preoccupation/Obsession	0	1	2 3 4 5	1. Peer Support	0	1	2 3 4 5
2. Irritability	0	1	2 3 4 5	2. Staff Connection	0	1	2 3 4 5
3. Anxiety	0	1	2 3 4 5	3. Self Care	0	1	2 3 4 5
4. Sleep Disturbance	0	1	2 3 4 5	4. Honesty	0	1	2 3 4 5
5. Sadness	0	1	2 3 4 5	5. Program Practice	0	1	2 3 4 5

Withdrawal Score (add 1 – 5): _____

Recovery Score (add 1 – 5): _____

Any physical problems noticed today:

Important events, dreams, breakthroughs today:

Least useful behavior today:

Most helpful or most connected person today:

Core Dialogue Query Set No. ____ Topic: **Relapse**

Date: _____ Day: **34** of First Forty Days

QUERIES:

In thinking about relapse prevention, what is your advice to me about us wandering into our old ways? How do we work together to not repeat the cycles?

DIALOGUE:

Daily Progress Chart

The goal is to reach forty days of consecutive sobriety. Each day, record the date, and then rate the day on each of the scales. Place a check to indicate whether you have completed a CDQ and a forty-day meditation. Record anything of significance, including events and dreams. Turn it in to your therapist. You will receive it back in forty-eight days. Chart your progress on your forty-day progress chart by totaling up your withdrawal score and your recovery score.

Day Number _____ Date _____ Days of Sobriety _____ CDQ _____ Meditation _____

Withdrawal Dimension	None	→	Constant	Recovery Dimension	None	→	Constant
1. Preoccupation/Obsession	0	1	2 3 4 5	1. Peer Support	0	1	2 3 4 5
2. Irritability	0	1	2 3 4 5	2. Staff Connection	0	1	2 3 4 5
3. Anxiety	0	1	2 3 4 5	3. Self Care	0	1	2 3 4 5
4. Sleep Disturbance	0	1	2 3 4 5	4. Honesty	0	1	2 3 4 5
5. Sadness	0	1	2 3 4 5	5. Program Practice	0	1	2 3 4 5

Withdrawal Score (add 1 – 5): _____

Recovery Score (add 1 – 5): _____

Any physical problems noticed today:

Important events, dreams, breakthroughs today:

Least useful behavior today:

Most helpful or most connected person today:

Core Dialogue Query Set No. ____ Topic: **Multiple Addictions**

Date: _____ Day: **35** of First Forty Days

QUERIES:

How do I keep my addiction behavior from “migrating” to something else? What ways can we explore to keep that from happening?

DIALOGUE:

Daily Progress Chart

The goal is to reach forty days of consecutive sobriety. Each day, record the date, and then rate the day on each of the scales. Place a check to indicate whether you have completed a CDQ and a forty-day meditation. Record anything of significance, including events and dreams. Turn it in to your therapist. You will receive it back in forty-eight days. Chart your progress on your forty-day progress chart by totaling up your withdrawal score and your recovery score.

Day Number _____ Date _____ Days of Sobriety _____ CDQ _____ Meditation _____

Withdrawal Dimension	None	→	Constant	Recovery Dimension	None	→	Constant
1. Preoccupation/Obsession	0	1	2 3 4 5	1. Peer Support	0	1	2 3 4 5
2. Irritability	0	1	2 3 4 5	2. Staff Connection	0	1	2 3 4 5
3. Anxiety	0	1	2 3 4 5	3. Self Care	0	1	2 3 4 5
4. Sleep Disturbance	0	1	2 3 4 5	4. Honesty	0	1	2 3 4 5
5. Sadness	0	1	2 3 4 5	5. Program Practice	0	1	2 3 4 5

Withdrawal Score (add 1 – 5): _____

Recovery Score (add 1 – 5): _____

Any physical problems noticed today:

Least useful behavior today:

Important events, dreams, breakthroughs today:

Most helpful or most connected person today:

Week Five Query Summary

Each week it helps to review your CDQ progress because so many of the insights are cumulative. The CDQs are organized into ten key areas of recovery. They are listed below in a box in which you can record your learnings from the week. Only use the boxes that fit your week's work.

Your therapist may request that you report your progress each week.

Denial:

Relationships:

Life patterns:

Relapse:

Multiple addictions:

Unresolved issues:

My ability to have feelings:

My ability to commit:

Role of crisis in my life:

Ways I self-sabotage:

Week Five Withdrawal & Recovery Dimensions

Your therapist may request to see your daily ratings for the week.
By recording them, you and your therapist can track where the problem area may be.

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Withdrawal Dimensions:							
Preoccupation/Obsession							
Irritability							
Anxiety							
Sleep Disturbance							
Sadness							
Recovery Dimensions:							
Peer Support							
Staff Connection							
Self Care							
Honesty							
Program Practice							

* Remember to also record your total scores on the Forty-Day Progress Chart
at the end of the CDQ worksheets.

Core Dialogue Query Set No. ____ Topic: **Unresolved Issues**

Date: _____ Day: **36** of First Forty Days

QUERIES:

In my sexual behavior, there were unresolved issues. What do I have to do to bring closure and minimize their impact on my sexuality? How do I keep perspective so I do not return to the familiar and unresolved?

DIALOGUE:

Daily Progress Chart

The goal is to reach forty days of consecutive sobriety. Each day, record the date, and then rate the day on each of the scales. Place a check to indicate whether you have completed a CDQ and a forty-day meditation. Record anything of significance, including events and dreams. Turn it in to your therapist. You will receive it back in forty-eight days. Chart your progress on your forty-day progress chart by totaling up your withdrawal score and your recovery score.

Day Number _____ Date _____ Days of Sobriety _____ CDQ _____ Meditation _____

Withdrawal Dimension	None	→	Constant	Recovery Dimension	None	→	Constant
1. Preoccupation/Obsession	0	1	2 3 4 5	1. Peer Support	0	1	2 3 4 5
2. Irritability	0	1	2 3 4 5	2. Staff Connection	0	1	2 3 4 5
3. Anxiety	0	1	2 3 4 5	3. Self Care	0	1	2 3 4 5
4. Sleep Disturbance	0	1	2 3 4 5	4. Honesty	0	1	2 3 4 5
5. Sadness	0	1	2 3 4 5	5. Program Practice	0	1	2 3 4 5

Withdrawal Score (add 1 – 5): _____

Recovery Score (add 1 – 5): _____

Any physical problems noticed today:

Important events, dreams, breakthroughs today:

Least useful behavior today:

Most helpful or most connected person today:

Core Dialogue Query Set No. ____ Topic: **Affect Tolerance**

Date: _____ Day: **37** of First Forty Days

QUERIES:

I am practicing expressing and tolerating my feelings in new, healthy ways. In what ways was my addictive behavior a solution to my painful feelings? How can you help me when I am in distress?

DIALOGUE:

Daily Progress Chart

The goal is to reach forty days of consecutive sobriety. Each day, record the date, and then rate the day on each of the scales. Place a check to indicate whether you have completed a CDQ and a forty-day meditation. Record anything of significance, including events and dreams. Turn it in to your therapist. You will receive it back in forty-eight days. Chart your progress on your forty-day progress chart by totaling up your withdrawal score and your recovery score.

Day Number _____ Date _____ Days of Sobriety _____ CDQ _____ Meditation _____

Withdrawal Dimension

	None	1	2	3	4	5
1. Preoccupation/Obsession	0	1	2	3	4	5
2. Irritability	0	1	2	3	4	5
3. Anxiety	0	1	2	3	4	5
4. Sleep Disturbance	0	1	2	3	4	5
5. Sadness	0	1	2	3	4	5

Withdrawal Score (add 1 – 5): _____

Any physical problems noticed today:

Least useful behavior today:

Recovery Dimension

	None	1	2	3	4	5
1. Peer Support	0	1	2	3	4	5
2. Staff Connection	0	1	2	3	4	5
3. Self Care	0	1	2	3	4	5
4. Honesty	0	1	2	3	4	5
5. Program Practice	0	1	2	3	4	5

Recovery Score (add 1 – 5): _____

Important events, dreams, breakthroughs today:

Most helpful or most connected person today:

Core Dialogue Query Set No. ____ Topic: **Commitment**

Date: _____ Day: **38** of First Forty Days

QUERIES:

Am I ready for the commitment to a recovery life? How do I know I am? What do I need to do to know in my heart that I am committed to a different life?

DIALOGUE:

Daily Progress Chart

The goal is to reach forty days of consecutive sobriety. Each day, record the date, and then rate the day on each of the scales. Place a check to indicate whether you have completed a CDQ and a forty-day meditation. Record anything of significance, including events and dreams. Turn it in to your therapist. You will receive it back in forty-eight days. Chart your progress on your forty-day progress chart by totaling up your withdrawal score and your recovery score.

Day Number _____ Date _____ Days of Sobriety _____ CDQ _____ Meditation _____

Withdrawal Dimension	None	→	Constant	Recovery Dimension	None	→	Constant
1. Preoccupation/Obsession	0	1	2 3 4 5	1. Peer Support	0	1	2 3 4 5
2. Irritability	0	1	2 3 4 5	2. Staff Connection	0	1	2 3 4 5
3. Anxiety	0	1	2 3 4 5	3. Self Care	0	1	2 3 4 5
4. Sleep Disturbance	0	1	2 3 4 5	4. Honesty	0	1	2 3 4 5
5. Sadness	0	1	2 3 4 5	5. Program Practice	0	1	2 3 4 5

Withdrawal Score (add 1 – 5): _____

Recovery Score (add 1 – 5): _____

Any physical problems noticed today:

Important events, dreams, breakthroughs today:

Least useful behavior today:

Most helpful or most connected person today:

Core Dialogue Query Set No. _____ Topic: **Crises**

Date: _____ Day: **39** of First Forty Days

QUERIES:

Fear is inevitable. How can I use my fear to be at my best and to create challenge in my life rather than the old crisis and despair patterns? Can fear become a friend to me?

DIALOGUE:

Daily Progress Chart

The goal is to reach forty days of consecutive sobriety. Each day, record the date, and then rate the day on each of the scales. Place a check to indicate whether you have completed a CDQ and a forty-day meditation. Record anything of significance, including events and dreams. Turn it in to your therapist. You will receive it back in forty-eight days. Chart your progress on your forty-day progress chart by totaling up your withdrawal score and your recovery score.

Day Number _____ Date _____ Days of Sobriety _____ CDQ _____ Meditation _____

Withdrawal Dimension	None	→	Constant	Recovery Dimension	None	→	Constant
1. Preoccupation/Obsession	0	1	2 3 4 5	1. Peer Support	0	1	2 3 4 5
2. Irritability	0	1	2 3 4 5	2. Staff Connection	0	1	2 3 4 5
3. Anxiety	0	1	2 3 4 5	3. Self Care	0	1	2 3 4 5
4. Sleep Disturbance	0	1	2 3 4 5	4. Honesty	0	1	2 3 4 5
5. Sadness	0	1	2 3 4 5	5. Program Practice	0	1	2 3 4 5

Withdrawal Score (add 1 – 5): _____

Recovery Score (add 1 – 5): _____

Any physical problems noticed today:

Important events, dreams, breakthroughs today:

Least useful behavior today:

Most helpful or most connected person today:

Core Dialogue Query Set No. ____ Topic: **Self-Sabotage**

Date: _____ Day: **40** of First Forty Days

QUERIES:

Addiction and achievement tap into the same processes of the brain. How can you help me to be at my best and avoid my old patterns of self-sabotage? Why do I resist such a change for my own benefit?

DIALOGUE:

Daily Progress Chart

The goal is to reach forty days of consecutive sobriety. Each day, record the date, and then rate the day on each of the scales. Place a check to indicate whether you have completed a CDQ and a forty-day meditation. Record anything of significance, including events and dreams. Turn it in to your therapist. You will receive it back in forty-eight days. Chart your progress on your forty-day progress chart by totaling up your withdrawal score and your recovery score.

Day Number _____ Date _____ Days of Sobriety _____ CDQ _____ Meditation _____

Withdrawal Dimension	None → Constant						Recovery Dimension	None → Constant					
1. Preoccupation/Obsession	0	1	2	3	4	5	1. Peer Support	0	1	2	3	4	5
2. Irritability	0	1	2	3	4	5	2. Staff Connection	0	1	2	3	4	5
3. Anxiety	0	1	2	3	4	5	3. Self Care	0	1	2	3	4	5
4. Sleep Disturbance	0	1	2	3	4	5	4. Honesty	0	1	2	3	4	5
5. Sadness	0	1	2	3	4	5	5. Program Practice	0	1	2	3	4	5

Withdrawal Score (add 1 – 5): _____

Recovery Score (add 1 – 5): _____

Any physical problems noticed today:

Important events, dreams, breakthroughs today:

Least useful behavior today:

Most helpful or most connected person today:

Week Six Query Summary

Each week it helps to review your CDQ progress because so many of the insights are cumulative. The CDQs are organized into ten key areas of recovery. They are listed below in a box in which you can record your learnings from the week. Only use the boxes that fit your week's work.

Your therapist may request that you report your progress each week.

Denial:

Relationships:

Life patterns:

Relapse:

Multiple addictions:

Unresolved issues:

My ability to have feelings:

My ability to commit:

Role of crisis in my life:

Ways I self-sabotage:

Week Six

Withdrawal & Recovery Dimensions

Your therapist may request to see your daily ratings for the week.
By recording them, you and your therapist can track where the problem area may be.

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Withdrawal Dimensions:							
Preoccupation/Obsession							
Irritability							
Anxiety							
Sleep Disturbance							
Sadness							
Recovery Dimensions:							
Peer Support							
Staff Connection							
Self Care							
Honesty							
Program Practice							

* Remember to also record your total scores on the Forty-Day Progress Chart
at the end of the CDQ worksheets.

Gentle Path Forty-Day Progress Chart

Start tracking your progress each day. Record the date and then place an "X" on each scale to indicate your withdrawal score and your recovery score. Notice where the trend lines are and where the problematic days are. As you see changes, discuss with staff and peers why you think those changes (and the exceptions) occur.

DAYS	DATE	WITHDRAWAL					RECOVERY				
1.	_____	5	10	15	20	25	5	10	15	20	25
2.	_____	5	10	15	20	25	5	10	15	20	25
3.	_____	5	10	15	20	25	5	10	15	20	25
4.	_____	5	10	15	20	25	5	10	15	20	25
5.	_____	5	10	15	20	25	5	10	15	20	25
6.	_____	5	10	15	20	25	5	10	15	20	25
7.	_____	5	10	15	20	25	5	10	15	20	25
8.	_____	5	10	15	20	25	5	10	15	20	25
9.	_____	5	10	15	20	25	5	10	15	20	25
10.	_____	5	10	15	20	25	5	10	15	20	25
11.	_____	5	10	15	20	25	5	10	15	20	25
12.	_____	5	10	15	20	25	5	10	15	20	25
13.	_____	5	10	15	20	25	5	10	15	20	25
14.	_____	5	10	15	20	25	5	10	15	20	25
15.	_____	5	10	15	20	25	5	10	15	20	25
16.	_____	5	10	15	20	25	5	10	15	20	25
17.	_____	5	10	15	20	25	5	10	15	20	25
18.	_____	5	10	15	20	25	5	10	15	20	25
19.	_____	5	10	15	20	25	5	10	15	20	25
20.	_____	5	10	15	20	25	5	10	15	20	25
21.	_____	5	10	15	20	25	5	10	15	20	25
22.	_____	5	10	15	20	25	5	10	15	20	25
23.	_____	5	10	15	20	25	5	10	15	20	25
24.	_____	5	10	15	20	25	5	10	15	20	25
25.	_____	5	10	15	20	25	5	10	15	20	25
26.	_____	5	10	15	20	25	5	10	15	20	25
27.	_____	5	10	15	20	25	5	10	15	20	25
28.	_____	5	10	15	20	25	5	10	15	20	25
29.	_____	5	10	15	20	25	5	10	15	20	25
30.	_____	5	10	15	20	25	5	10	15	20	25
31.	_____	5	10	15	20	25	5	10	15	20	25
32.	_____	5	10	15	20	25	5	10	15	20	25
33.	_____	5	10	15	20	25	5	10	15	20	25
34.	_____	5	10	15	20	25	5	10	15	20	25
35.	_____	5	10	15	20	25	5	10	15	20	25
36.	_____	5	10	15	20	25	5	10	15	20	25
37.	_____	5	10	15	20	25	5	10	15	20	25
38.	_____	5	10	15	20	25	5	10	15	20	25
39.	_____	5	10	15	20	25	5	10	15	20	25
40.	_____	5	10	15	20	25	5	10	15	20	25